

RAUWILOID®

alseroxylon, 2 mg.

...does more than lower blood pressure!

Seven years of experience show that RAUWILOID also affords

Safety based on negligible incidence of side actions

Freedom from concern over sudden hypotensive episodes or unwanted biochemical alterations

Practicality. simplicity of dosage ... applicable to a wide range of patients

When more potent drugs are needed, prescribe one of the convenient single-tablet combinations

Rauwiloid® + Veriloid® alseroxylon 1 mg. and alkavervir 3 mg.

Rauwiloid + Hexamethonium

alseroxylon 1 mg. and hexamethonium chloride dihydrate 250 mg.

Many patients with severe hypertension can be maintained on Rauwijoid alone after desired blood presaure levels are reached with combination medication.



Northridge, California



In the grip of G-I spasm...

Convertin[®]-H

DIGESTIVE ENZYMES WITH ANTISPASMODIC

For gratifying relief from painful G-I spasm *plus* relief of maldigestion syndrome

Relaxes gastrointestinal spasm Improves biliary drainage Enhances digestion of protein Aids digestion and absorption of fats Supplements enzymatic digestion

For comprehensive therapy in a wide range of digestive disturbances prescribe . . . CONVERTIN-H



COMPOSITION: In sugar coated outer layer (released in stomach): homatropine methylbromide 2.5 mg., betaine hydrochloride 130 mg., oleoresin ginger 1/600 gr. In enteric coated core (released in intestine): pancreatin equiv. N.F. 250 mg., desoxycholic acid 50 mg.

DOSAGE: 1 or 2 tablets with or just after meals.

SUPPLIED: Bottles of 84 and 500 tablets; on prescription only.



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NEW BOOK

OFFICE ORTHOPEDICS

By LEWIS COZEN, M.D. 3rd ed. 430 pages. Illustrated. (1959) Lea & Febiger. \$9.50.

An amazingly complete coverage of orthopedic problems seen in general practice is fortified by excellent illustrations which show manipulations, methods of examination, and treatment. Chapters on physiotherapy, x-ray examinations, and forensic problems are included. The author is an assistant professor in Orthopedics, College of Medical Evangelists, Los Angeles.

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she needs your help more than ever



the most widely prescribed contraceptive



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2 oz. bottle, 125 mg.

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250 mg. per teaspoonful (5 cc.)

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help restore the normal blood picture-iron as ferric pyrophosphate to restore or maintain normal hemoglobin.

boost appetite and energy-vitamins . . . B1, B6 and B12.

upgrade low-grade protein-cereals and other low protein favorites of children, upgraded by I-Lysine, work with meat and other top protein to build stronger bodies.

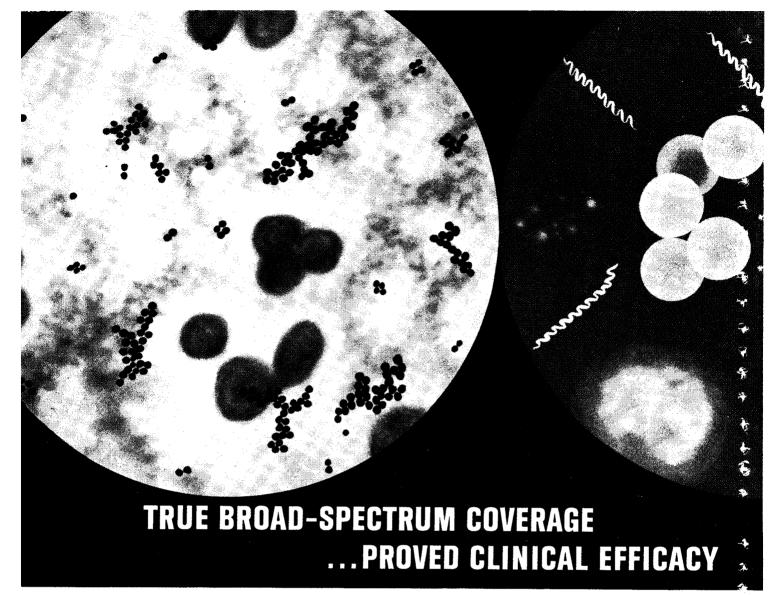
tastes good! Each daily cherryflavored teaspoonful dose (5 cc.) contains:

I-Lysine HCI	300 mg.
Vitamin B ₁₂ Crystalline 2	5 mcgm.
Thiamine HCI (B ₁)	10 mg.
Pyridoxine HCI (B ₀)	5 mg.
Ferric Pyrophosphate (Soluble)	
Iron (as Ferric Pyrophosphate)	
Sorbitol	3.5 Gm.
Alcohol	0.75%
Bottles of 4 and	16 fl. o z.









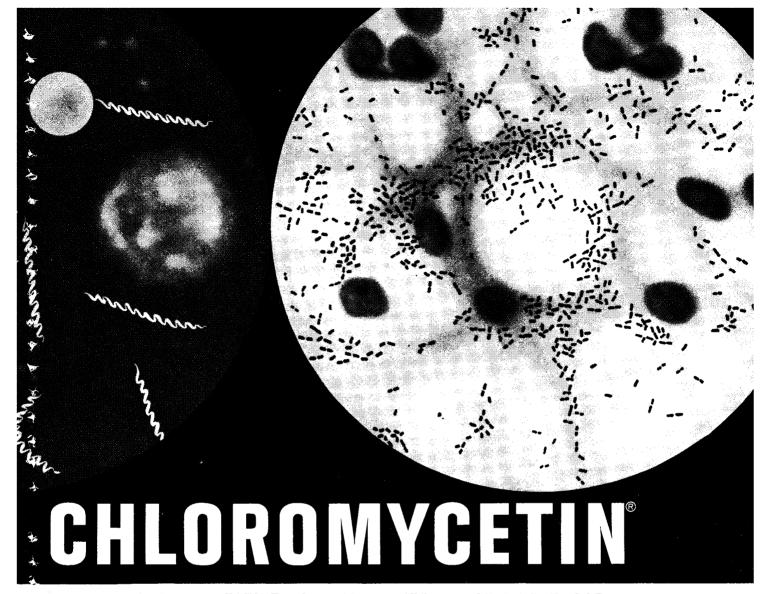
In the struggle against sepsis, CHLOROMYCETIN — effective "... against most bacteria, Rickettsia, Treponema, and some viruses..."1—has proved a dependable weapon in a variety of infections.

"Over 90 per cent of staphylococci isolated from infections in most institutions are relatively sensitive to chloramphenicol." In a study of a significant number of gram-negative organisms it was found that CHLOROMYCETIN was more effective in *in vitro* sensitivity tests than were other widely used broad-spectrum antibiotics. Moreover, through the years, the incidence of strains of bacteria resistant to CHLOROMYCETIN has remained virtually constant and strikingly low. 4-7

IN VITRO SENSITIVITY OF GRAM-POSITIVE ORGANISMS TO CHLOROMYCETIN AND TO THREE OTHER BROAD-SPECTRUM ANTIBIOTICS*

CHLOROMYCETIN (254 strains)		89%
ANTIBIOTIC A (260 strains)	79%	
ANTIBIOTIC B (261 strains)	77%	
ANTIBIOTIC C (255 strains)	73%	

^{*}Adapted from Leming & Flanigan.3



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CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in a variety of forms, including Kapseals® of 250 mg., in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

References: (1) Morton, J. J.: Yale J. Biol. & Med. 31:397, 1959. (2) Rogers, D. E., & Louria, D. B.: New England J. Med. 261:86, 1959. (3) Leming, B. H., Jr., & Flanigan, C., Jr., in Welch, H., & Marti-Ibañez, F.: Antibiotics Annual 1958-1959, New York, Medical Encyclopedia, Inc., 1959, p. 414. (4) Edwards, T. S.: Am. J. Ophth. 48:19, 1959. (5) Olarte, J., & de la Torre, J. A.: Am. J. Trop. Med. 18:324, 1959. (6) Suter, L. S., & Ulrich, E. W.: Antibiotics & Chemother. 9:38, 1959. (7) Holloway, W. J., & Scott, E. G.: Delaware M. J. 30:175, 1958.

IN VITRO SENSITIVITY OF GRAM-NEGATIVE ORGANISMS TO CHLOROMYCETIN AND TO THREE OTHER BROAD-SPECTRUM ANTIBIOTICS*

CHLOROMYCETIN (244 strains)

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55%

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Adapted from Leming & Flanigan.

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Rela provides comfort free of spasm and pain."A number of patients reported freedom from insomnia which they attributed to freedom from pain."

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Ambar[™]#1 Extentabs[®]/Ambar[™]#2 Extentabs[®]



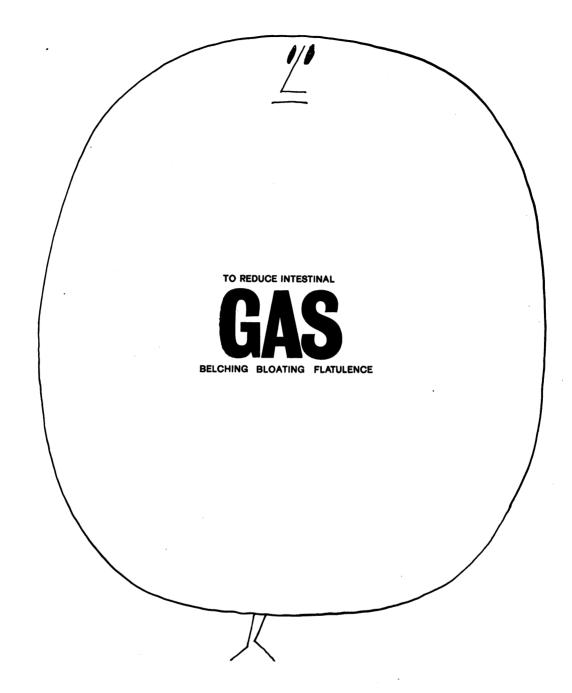
When blood pressure must come down

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SERPASIL-APRESOLINE®

C I B A SUMMIT, N. J.

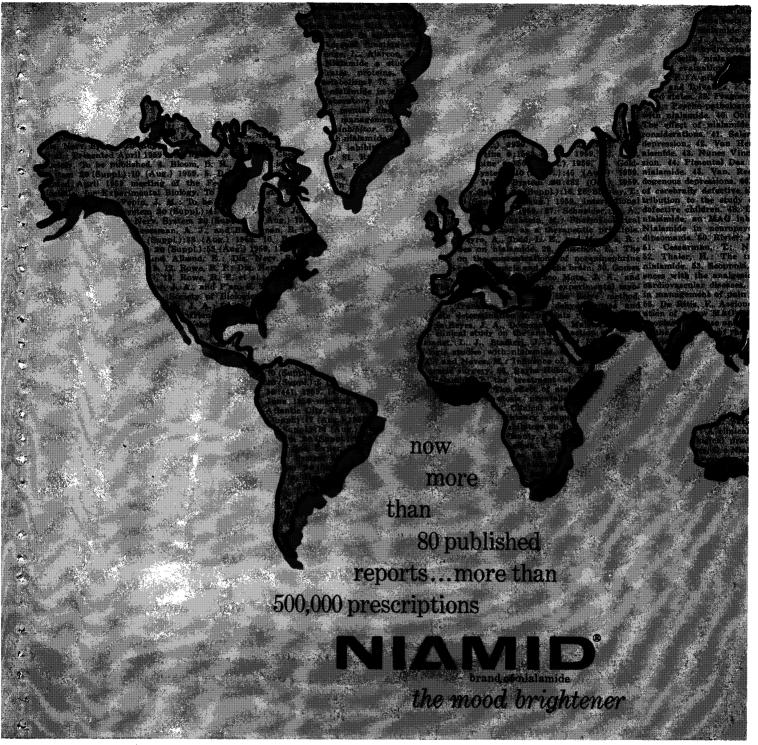


A biochemical compound used to diminish intestinal gas in healthy persons and those patients having digestive disorders

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NIAMID treats the underlying cause of many depressive syndromes occurring alone or complicating a physical disorder. This effect probably is achieved by restoring neurohormone balance. NIAMID acts gradually, gently, without rapid jarring of physical or mental processes.

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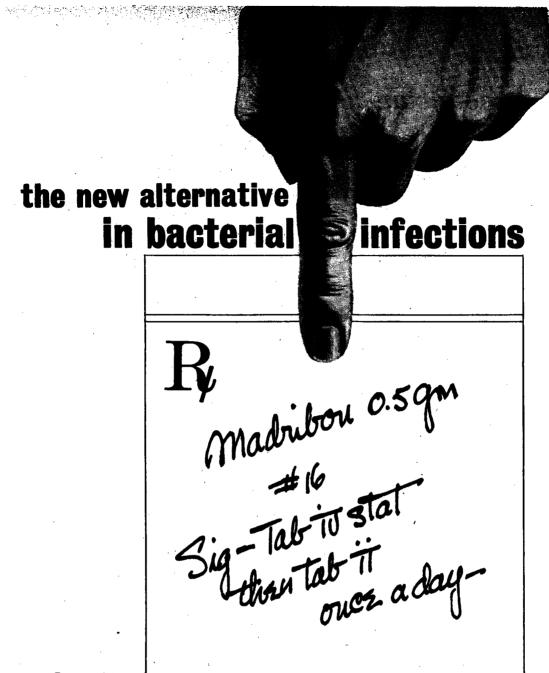
in 14 oz. cans - evaporated or powdered

Write for full-size trial can.

JACKSON-MITCHELL Pharmaceuticals, Inc. 10401 Virginia Avenue, Culver City, Calif.

*Fries, J. H.: Milk Allergy-Diagnostic Aspects and the Role of Milk Substitutes, J.A.M.A., 165:1544, 1957.

Meyenberg



For complete information on dosage forms, dosage schedules and precautions, consult literature available on request.

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WINE POTENTIATED DECONGRESTIN Decongestant / Antihistamine

> provides symptomatic relief of nasal congestion and rhinorrhea of allergic or infectious

> origin Many patients whose symptoms are inadequately controlled by decongestants or antihistamines alone respond promptly and favorably to 'ACTIFED'.

> in each in each tsp. 'ACTIFED' contains: Tablet Syrup 'Actidil' brand Triprolidine Hydrochloride 2.5 mg. 1.25 mg. 'Sudafed' brand Pseudoephedrine Hydrochloride 60 mg.

safe and effective for patients of all ages suffering from respiratory tract congestion

	DOSAGE		
·	TABLETS	SYRUP (5 cc. tsp.)	
Adults and older children	1	2	three
Children 4 months to 6 years of age	1/2	1	times
Infants through 3 months	_	1/2	daily



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Maximal Absorption Acid stable, highly soluble

Maximal Blood Levels

Maximal Flexibility

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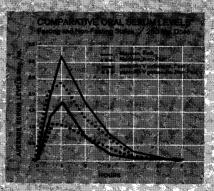
Maximal Oral Indications

Indicated in infections caused by streptococci, pneumococci, susceptible staphylococci, and gonococci

DOSAGE: For moderately severe conditions, 125 to 250 mg. three times daily. For more severe conditions, 500 mg. as often as every four hours around the clock.

NOTE: To date, MAXIPEN has not shown less allergic reactions than older oral pentelllins. Usual precautions regarding pentelllin administration should be observed.

SUPPLIED: MAXIPEN TABLETS, scored, 125 mg. (200,000 units), bottles of 36; 250 mg. (400,000 units), bottles of 24 and 100 tablets. MAXIPEN FOR ORAL SOLUTION, reconstituted each 5 cc. contains 125 mg. (200,000 units), in 60 cc. bottles.



*Based on 3294 individual serum antibiotic determinations. Complete details available on request.

MAXIPEN, the orally maximal penicillin, is a triumph of man over molecule; a product of Pfizer Research



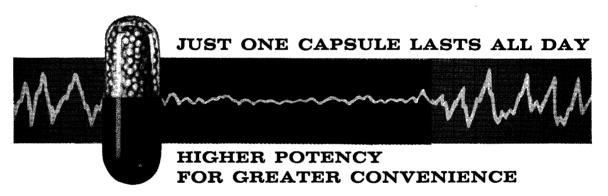
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FOR SUSTAINED TRANQUILIZATION

MILTOWN (meprobamate) now available in 400 mg. continuous release capsules as

Meprospan-400



- relieves *both* mental and muscular tension without causing depression
- does not impair mental efficiency, motor control, or normal behavior

Usual dosage: One capsule at breakfast, one capsule with evening meal

Available: Meprospan-400, each blue capsule contains 400 mg. Miltown (meprobamate)

Meprospan-200, each yellow capsule contains 200 mg. Miltown (meprobamate)

Both potencies in bottles of 30.

WALLACE LABORATORIES, New Brunswick, N. J.

CME-8426



Demethylchlortetracycline Lederle

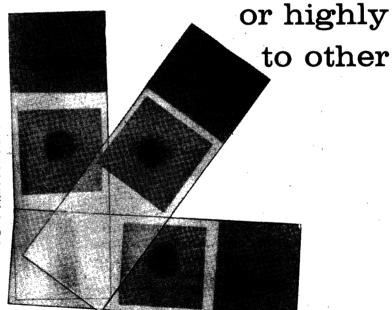
pathogen

sensitivity

In addition to the expected broadspectrum range of effectiveness, Declomycin has demonstrated activity against strains of Pseudomonas, Proteus and <u>A. aerogenes</u> un-

responsive refractory antibiotics.

1. Department of Clinical Investigation, Lederle Laboratories, F. M. Phillips, Director. Interim Report on Clinical and Pharmacologic Investigations. 2. Finland, M.; Hirsch, H. Å., and Kunin, C. M.: Read at Seventh Annual Antibiotics Symposium, Washington, D. C., November 5, 1959. 3. Hirsch, H. A.; Kunin, C. M., and Finland, M.: München. med. Wchnschr. To be published. 4. Roberts, M. S.; Seneca, H., and Lattimer, J. K.: Read at Seventh Annual Antibiotics Symposium, Washington, D. C., November 5, 1959. 5. Vineyard, J. P.; Hogan, J., and Sanford, J. P.: Ibid. Capsules, 150 mg. — Pediatric Drops, 60 mg./cc.—Oral Suspension, 75 mg./5 cc. tsp.



GREATER ACTIVITY...FAR LESS ANTIBIOTIC...SUSTAINED-PEAK CONTROL..."EXTRA-DAY" PROTECTION AGAINST RELAPSE

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CHOLESTEROL CONTROL

As recent research by numerous investigators indicates, serum cholesterol levels can be regulated through the use of essential polyunsaturated fatty acids... and in particular, the addition of linoleic acid to the patient's diet.

Now safflower oil, containing the highest percentage of essential fatty acids of any commercially available vegetable oil, (73% linoleic acid) makes it possible to control serum cholesterol levels through the patient's diet.

Saffola Safflower Oil, 94% unsaturated, can be used just as any other commercial vegetable oil . . . for cooking, baking or on salads and vegetables . . . but with this one healthy difference: Saffola Safflower Oil supplies the nutritional need for essential unsaturated fatty acids, and contains more linoleic acid per calorie than any other vegetable oil. 40 to 80 grams of Saffola Safflower Oil per day is sufficient to check, and in some instances decrease blood cholesterol levels over a 1 to 4 week period.

Fatty Acid Analysis (94% of total weight)
73% linoleic acid
21% oleic acid
6% saturated fatty acid
1 gram linoleic acid per 1.45 grams Saffola
9 calories per gram

9 calories per gram (1 tablespoon contains 14 grams)

Saffola Oil is available at grocery stores. If local grocers do not now carry Saffola, your patient may have his grocer contact Saffola Products Corp., 2107 Union Street, San Francisco, or 1340 E. 6th Street, Los Angeles.



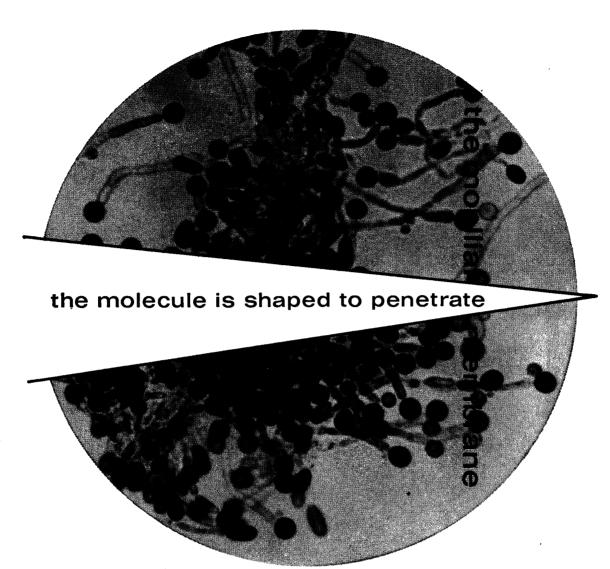
FATTY ACID COMPOSITION OF FOOD FATS AND OILS

(Values in percentages)

Total saturated (no double bonds) Linoleic (two double bonds) Safflower 135 73 Corn 240 42 12% Cotton 240 Seed 24% 175 Soybean 13% 54 2000 Butter 57%



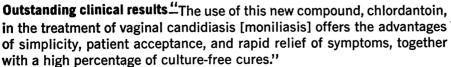


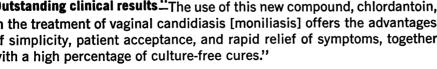


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chemically different, non-staining, "shaped charge" monilicide soothing, odorless, white

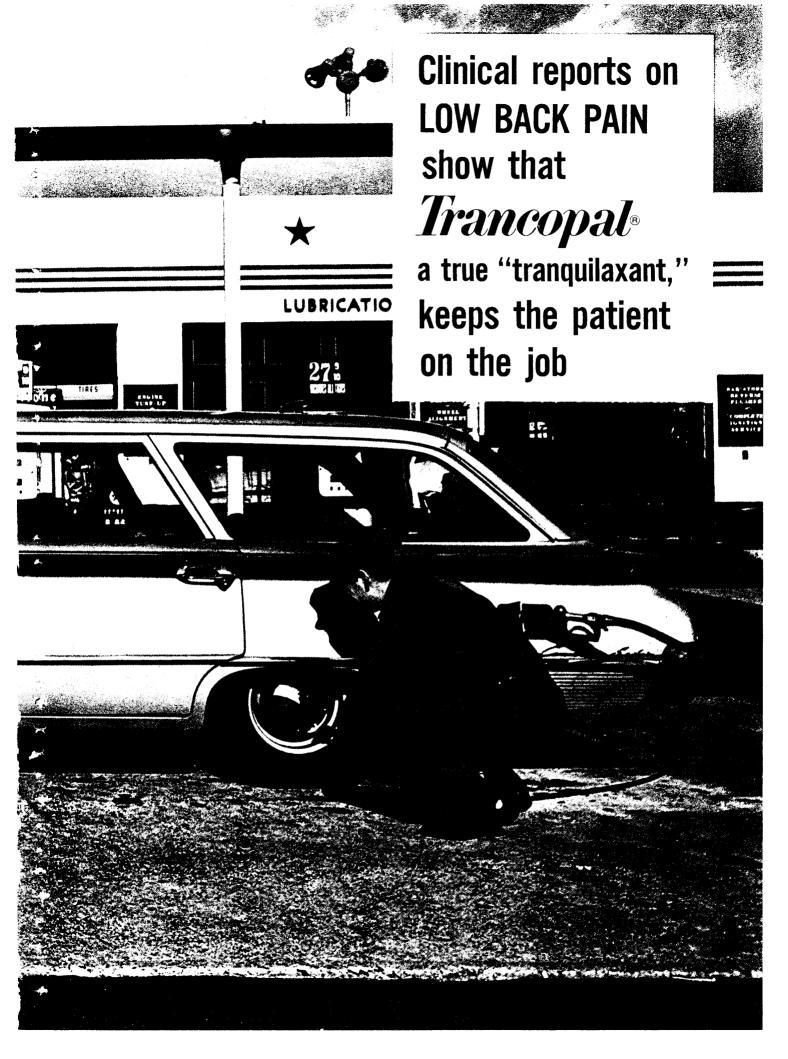
Exceptional fungicidal activity... The unique "shaped charge" molecular structure of the active agent in SPOROSTACIN Cream facilitates penetration of the fatty barrier of the fungous cell membrane for exceptional fungicidal activity.



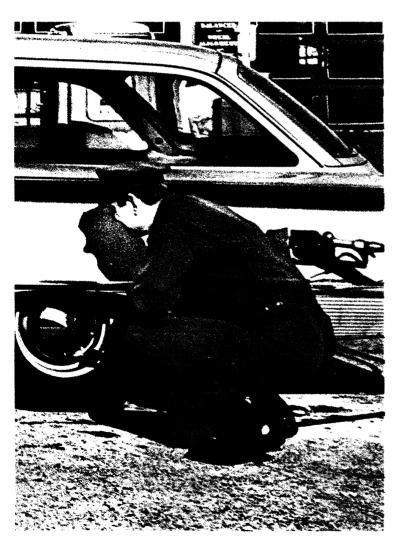




*Lapan, B.: Am. J. Obst. & Gynec. 78:1320, 1959.



A TRUE "TRANQUILAXANT" COOLOGICAL SERVICE OF THE S



relaxes skeletal muscle spasm so the patient can continue to work

Clinical experience shows that Trancopal will enable your patients with low back pain to keep going strong. Lichtman1 reports that 310 of his 331 patients treated with Trancopal obtained satisfactory relief. These patients were suffering from low back pain, stiff neck, postoperative muscle spasm or other skeletal muscle spasms associated with trauma, bursitis, osteoarthritis and rheumatoid arthritis. Mullin and Epifano² reported that Trancopal brought relief to all of 39 patients with skeletal muscle spasm. In these patients, who had suffered from trauma, bursitis, rheumatoid arthritis, osteoarthritis, and intervertebral disc syndrome, the effect of Trancopal was "... excellent and prompt ... "2 Gruenberg3 obtained marked relief with Trancopal in 258 of 304 patients with low back pain, torticollis, arthritis and other conditions associated with skeletal muscle spasm. Moderate relief was obtained in an additional group of 28 patients. Trancopal is a true "tranquilaxant" because "It combines the properties of tranquilization and skeletal muscle relaxation with no concomitant change in normal consciousness."4 Side effects have been few and minor — and in no case were they serious enough to warrant discontinuing the use of Trancopal.1 "Trancopal is exceptionally safe for clinical use."3

relieves anxiety and tension so the patient can carry on



Trancopal is also an effective agent for patients in anxiety and tension states. According to recent clinical reports, 1,5 it calms the patients but allows them to continue their work or other activity. Indeed, Lichtman found that his patients with anxiety "... were in many instances able to continue their normal activities where previously they had been considerably restricted ..." He observed that Trancopal brought good to excellent relief to 114 of 120 patients in anxiety states. Ganz, who noted good to excellent relief in 32 of 35 patients with globus hystericus, and in his entire series of 100 patients in anxiety or tension states, comments: "Chlormethazanone [Trancopal], by relieving the psychogenic symptoms, allows the patient to use his energies in a more productive manner in overcoming his basic problems."

Relieves dysmenorrhea — Trancopal has also proved to be a useful medication in the treatment of patients with dysmenorrhea, 1,4,6 probably producing its effect "... by means of a combination of muscle relaxant and tranquilizing actions."

Indications

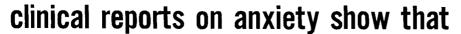
Musculoskeletal disorders		Psychogenic disorders	
Low back pain (lumbago)	Ankle sprain, tennis elbow	Dysmenorrhea	
Neck pain (torticollis)	Osteoarthritis	Premenstrual tension	
Bursitis	Rheumatoid arthritis	Anxiety and tension states	
Fibrositis	Disc syndrome	Asthma	
Myositis	Postoperative muscle spasm	Angina pectoris	
•	,	Alcoholism	

Dosage: Adults, 100 or 200 mg. orally three or four times daily. Relief of symptoms generally occurs promptly and lasts from four to six hours.

How Supplied: Trancopal Caplets® 100 mg. (peach colored, scored) and 200 mg. (green colored, scored), bottles of 100.

References: 1. Lichtman, A. L.: Kentucky Acad. Gen. Pract. J. 4:28, Oct., 1958. 2. Mullin, W. G., and Epifano, Leonard: Am. Pract. & Digest Treat. 10:1743, Oct., 1959. 3. Gruenberg, Friedrich: Current Therap. Res. 2:1, Jan., 1960. 4. Shanaphy, J. F.: Current Therap. Res. 1:59, Oct., 1959. 5. Ganz, S. E.: J. Indiana M. A. 52:1134, July, 1959. 6. Stough, A. R.: J. Oklahoma M. A. 52:575, Sept., 1959.





THE "TRANQUILAXANT" 1 PARCOPAL

quiets the psyche but leaves the patient alert

"...TRANCOPAL is a most valuable drug for relieving tension, apprehension and various psychogenic states." 5





an uncommon antibiotic for common infections

Offers fast, high blood levels—plus years of clinical effectiveness. And after all this time, an unparalleled safety record.

Available in easy-to-swallow Filmtabs[®] (100 and 250 mg.); in tasty, citrus-flavored Oral Suspension (200 mg. per 5-ml. teaspoonful).

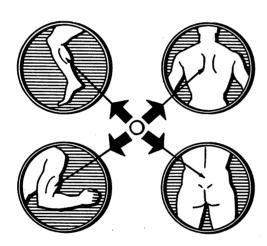
Advertising . APRIL 1960

-FILM-SEALED TABLETS, ABBOTT.

For Dependable Relief of Skeletal Muscle Spasm...

Two Tablets Per Day





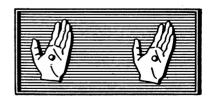
INDICATED IN ALL TYPES OF ACUTE MUSCLE SPASM following sprains, strains, whiplash injuries, intervertebral disc syndrone, chronic osteoarthritis, etc.

> $\mathit{Norfle} \overset{\scriptscriptstyle\mathsf{TM}}{x}$ for prompt, safe spasmolytic action

ADVANTAGES

- Mobility is restored quickly and associated pain relieved by prompt relaxation of muscle spasm.
- Prolonged action and potency provide round-the-clock benefits-including uninterrupted sleep.
- Impairment of general muscle tonus has not been reported when the recommended standard dosage is followed.

STANDARD DOSAGE Only one tablet b.i.d. for all adults regardless of age, weight, or sex. Simple dosage assures maximum patient cooperation.







REALMS OF THERAPY ATTAINED



(brand of hydroxyzine)

Special Advantages



unusually safe; tasty syrup, 10 mg. tablet



well tolerated by debilitated



useful adjunctive therapy for asthma and dermatosis: particularly effective in urticaria



does not impair mental acuity

Supportive Clinical Observation

Atarax appeared to reduce anxiety and restlessness, improve sleep pat-terns and make the child more amenable to the development of new patterns of behavior..." Freedman, A. M.: Pediat. Clin. North America 5:573 (Aug.) 1958.

. seems to be the agent of choice in patients suffering from removal disorientation, confusion, conversion hysteria and other psychoneurotic condi-tions occurring in old age." Smigel, J. O., et al.: J. Am. Geriatrics Soc. 7:61 (Jan.) 1959.

"All [asthmatic] patients reported greater calmness and were able to rest and sleep better...and led a more normal life....In chronic and acute urticaria, however, hydroxyzine was effective as the sole medicament." Santos, I. M., and Unger, L.: Presented at 14th Annual Congress, American College of Allergists, Atlantic City, New Jersey, April 23-25, 1958.

"... especially well-suited for ambulatory neurotics who must work, drive a car, or operate machinery." Ayd, F. J., Jr.: New York J. Med. 57:1742 (May 15) 1957.

World-wide record of effectiveness—over 200 laboratory and clinical papers from 14 countries.

Widest latitude of safety and flexibility—no serious adverse clinical reaction ever documented.

Chemically distinct among tranquilizers—not a pheno-

thiazine or a meprobamate.

Added frontiers of usefulness-antihistaminic; mildly antiarrhythmic; does not stimulate gastric secretion.

...and for additional evidence

Bayart, J.: Acta paediat. belg. 10:164, 1956. Ayd, F. J., Jr.: Cal-ifornia Med. 87:75 (Aug.) 1957. Nathan, L. A., and Andelman, M. B.: Illinois M. J. 112:171 (Oct.) 1957.

Settel, E.: Am. Pract. & Digest Treat. 8:1584 (Oct.) 1957. Negri, F.: Minerva med. 48:607 (Feb. 21) 1957. Shalowitz, M.: Geri-atrics 11:312 (July) 1956.

Eisenberg, B. C.: J.A.M.A. 169:14 (Jan. 3) 1959. Coirault, R., et al.: Presse méd. 64:2239 (Dec. 26) 1956. Robinson, H. M., Jr., et al.: South. M. J. 50:1282 (Oct.) 1957.

Garber, R. C., Jr.: J. Florida M. A. 45:549 (Nov.) 1958. Menger, H. C.: New York J. Med. 58:1684 (May 15) 1958. Farah, L.: Internat. Rec. Med. 169:379 (June)

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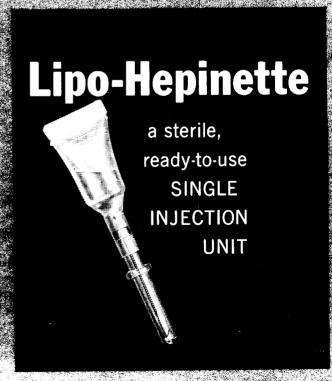
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Q.

When you want to reduce serum cholesterol and maintain it at a low level, is medication more realistic than dietary modifications?

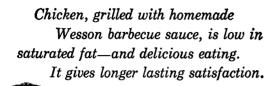
d.

Maintenance of lowered cholesterol concentration in the blood is a life-long problem. It is usually preferable, therefore, to try to obtain the desired results through simple dietary modification. This spares the patient added expense and permits him meals he will relish.

The modification is based on a diet to maintain optimum weight plus a judicious substitution of the poly-unsaturated oils for the saturated fats. One very simple part of the change is to cook the selected foods with poly-unsaturated Wesson. In the prescribed diet, this switch in type of fat will help to lower blood serum cholesterol and help maintain it at low levels. The use of Wesson permits a diet planned around many favorite and popular foods. Thus the patient finds it a pleasant, easy matter to adhere to the prescribed course.

Where a vegetable (salad) oil is medically recommended for a cholesterol depressant regimen, Wesson is unsurpassed by any readily available brand.

Uniformity you can depend on. Wesson has a polyunsaturated content better than 50%. Only the lightest cottonseed oils of highest iodine number are selected for Wesson. No significant variations are permitted in the 22 exacting specifications required before bottling. Wesson satisfies the most exacting appetites. To be effective, a diet must be eaten by the patient. The majority of housewives prefer Wesson particularly by the criteria of odor, flavor (blandness) and lightness of color. (Substantiated by sales leadership for 59 years and reconfirmed by recent tests against the next leading brand with brand identification removed, among a national probability sample.)







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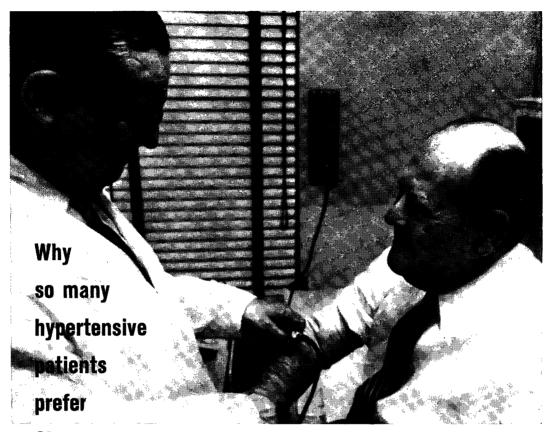
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It spares them from the usual rauwolfia side effects

FOR EXAMPLE: "A clinical study made of syrosingopine [Singoserp] therapy in 77 ambulant patients with essential hypertension demonstrated this agent to be effective in reducing hypertension, although the daily dosage required is higher than that of reserpine. Severe side-effects are infrequent, and this attribute of syrosingopine is its chief advantage over other Rauwolfia preparations. The drug appears useful in the management of patients with essential hypertension."*

*Herrmann, G. R., Vogelpohl, E. B., Hejtmancik, M. R., and Wright, J. C.: J.A.M.A. 169:1609 (April 4) 1959.



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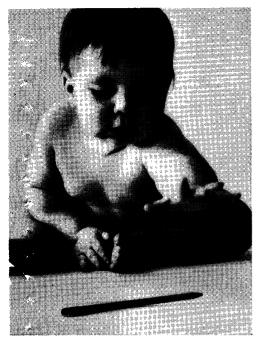
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SUPPLIED: Singoserp Tablets, 1 mg. (white, scored); bottles of 100. Samples available on request. Write to CIBA, Box 277, Summit, N. J.

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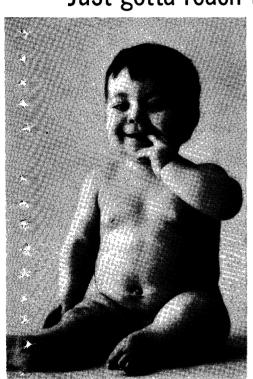
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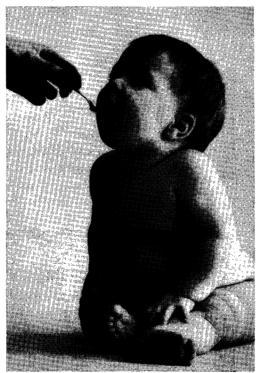






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References:

W. J. Kolff, "Acute Renal Failure: Causes and Treatment," The Medical Clinics of North America, 30:1052 (July 1955). Peter Forsham, "Symposium on Adrenal Corticoid Therapy," Metabolism, 7:19 (Jan. 1958).



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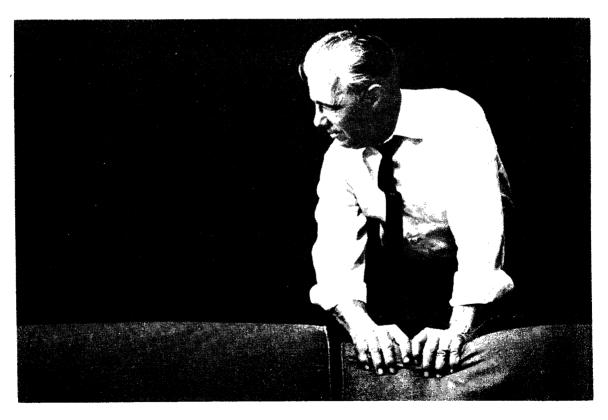
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Rugs are so dogs have napkins

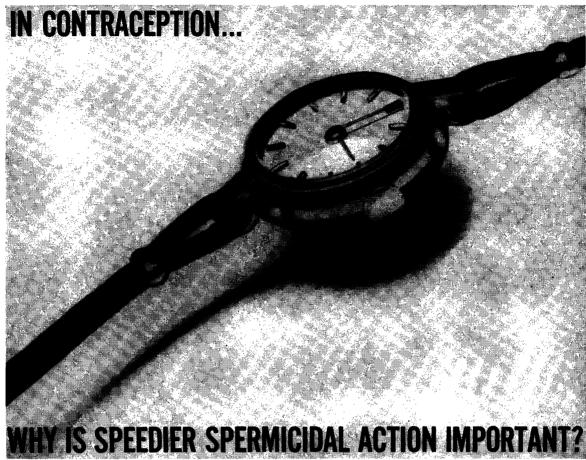


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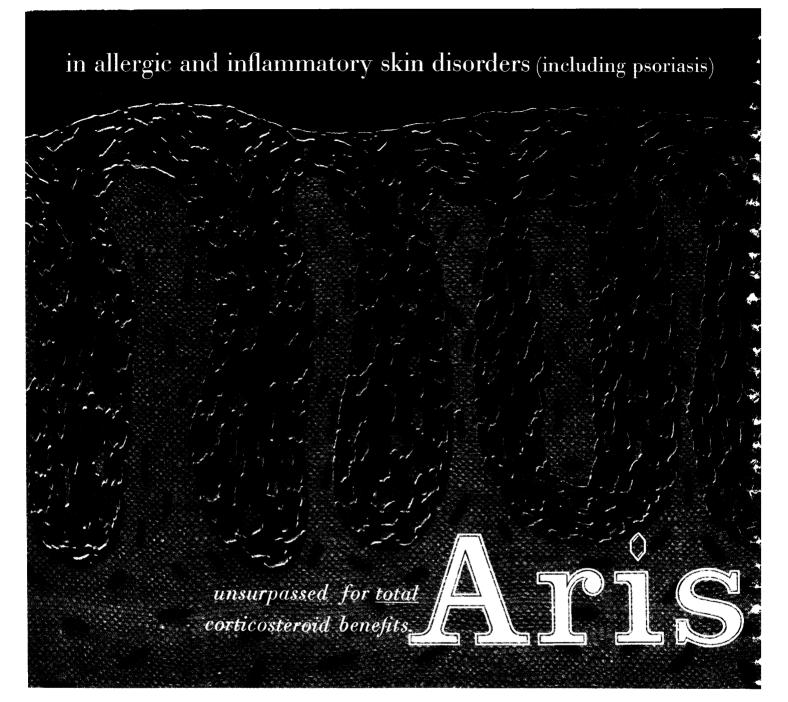
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Rautensin bibliography: 1. WRIGHT, W. T., JR.; POKORY, C., AND FOSTER, T.: AM. PRACT. & DIGEST. TREAT. 7:1992, 1956. 2. SUCKLE, E.: GERIATRICS 11:509, 1956. 3. FINCH, W. J.: J. OKLAHOMA M.A. 50:259, 1957. 4. TERMAN, L. A.: ILLINOIS M. J. 3:67, 1957. 5. GIFFON, R. W.: J. ARKANSAS M. SOC. 55:31, 1958. 6. FORD, R. V., AND MOYER, J. H.: POSTGRAD. MED. 23:41, 1958. SMITH-DORSEY • A DIVISION OF THE WANDER COMPANY • LINCOLN, NEBRASKA

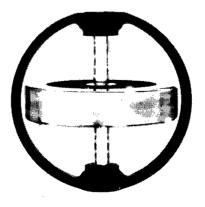
FORD R .. AND MOYER, J. H.: AM. HEART J. 46:754 (1953), 89. WILKINS, R. W. AND JUDSON, W. E.: NEW ENGLAND D. MED. 1865-1

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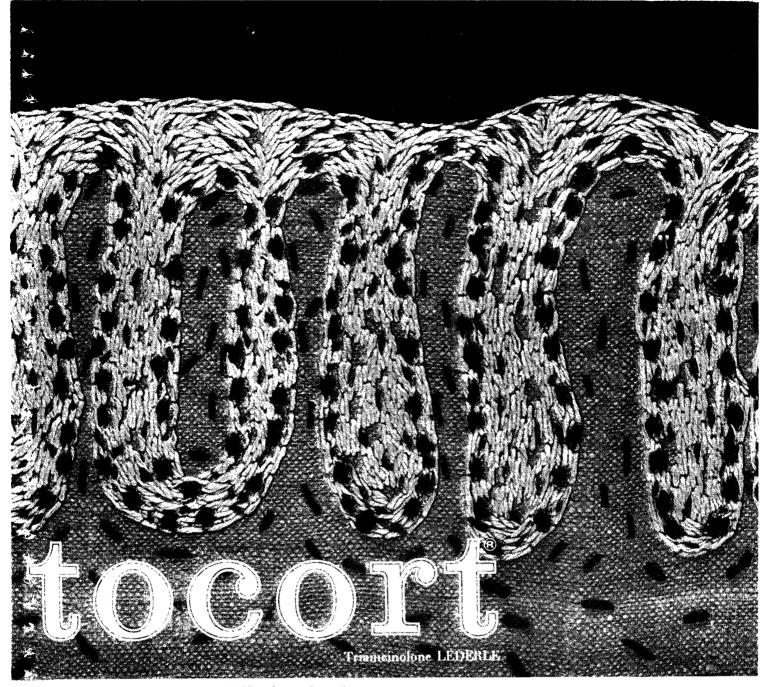
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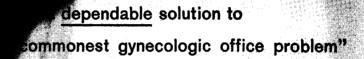
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References: 1. Feinberg, S. M.; Feinberg, A. R., and Fisherman, E. W.: J.A.M.A. 167:58 (May 3) 1958. 2. Epstein, J. I., and Sherwood, H.: Conn. Med. 22:822 (Dec.) 1958. 3. Friedlaender, S., and Friedlaender, A. S.: Antibiotic Med. & Clin. Ther. 5:315 (May) 1958. 4. Segal, M. S., and Duvenci, J.: Bull. Tufts N.E. Medical Center 4:71 (April-June) 1958. 5. Segal, M. S.: Report to the A.M.A. Council on Drugs, J.A.M.A. 169:1063 (March 7) 1958. 6. Hartung, E. F.: J. Florida Acad. Gen. Practice 8:18, 1957. 7. Rein, C. R.; Fleischwager, R., and Rosenthal, A. L.: J.A.M.A. 165: 1821 (Dec. 7) 1957. 8. McGavack, T. H.: Clin. Med. (June) 1959. 9. Freyberg, R. H.; Berntsen, C. A., and Hellman, L.: Arthritis & Rheumatism 1:215 (June) 1958. 10. Hartung, E. F.: J.A.M.A. 167:973 (June 21) 1958. 11. Zuckner, J.; Ramsey, R. H.; Gaciolo, C., and Gantner, G. E.: Ann. Rheumat. Dis. 17:398 (Dec.) 1958. 12. Appel, B.; Tye, M. J., and Leibsohn, E.: Antibiotic Med. & Clin. Ther. 5:716 (Dec.) 1958. 13. Kalz, F.: Canad. M.A.J. 79:400 (Sept.) 1958. 14. Mullins, J. F., and Wilson, C. J.: Texas J. Med. 54:648 (Sept.) 1958. 15. Shelley, W. B.; Harun, J. S., and Pillsbury, D. M.: J.A.M.A. 167:959 (June 21) 1958. 16. DuBois, E. L.: J.A.M.A. 167:1590 (July 26) 1958. 17. McGavack, T. H.; Kao, K. T.; Leake, D. A.; Bauer, H. G., and Berger, H. E.: Am. J. M. Sc. 236:720 (Dec.) 1958. 18. Council on Drugs: J.A.M.A. 169:257 (January) 1959. 169:257 (January) 1959.



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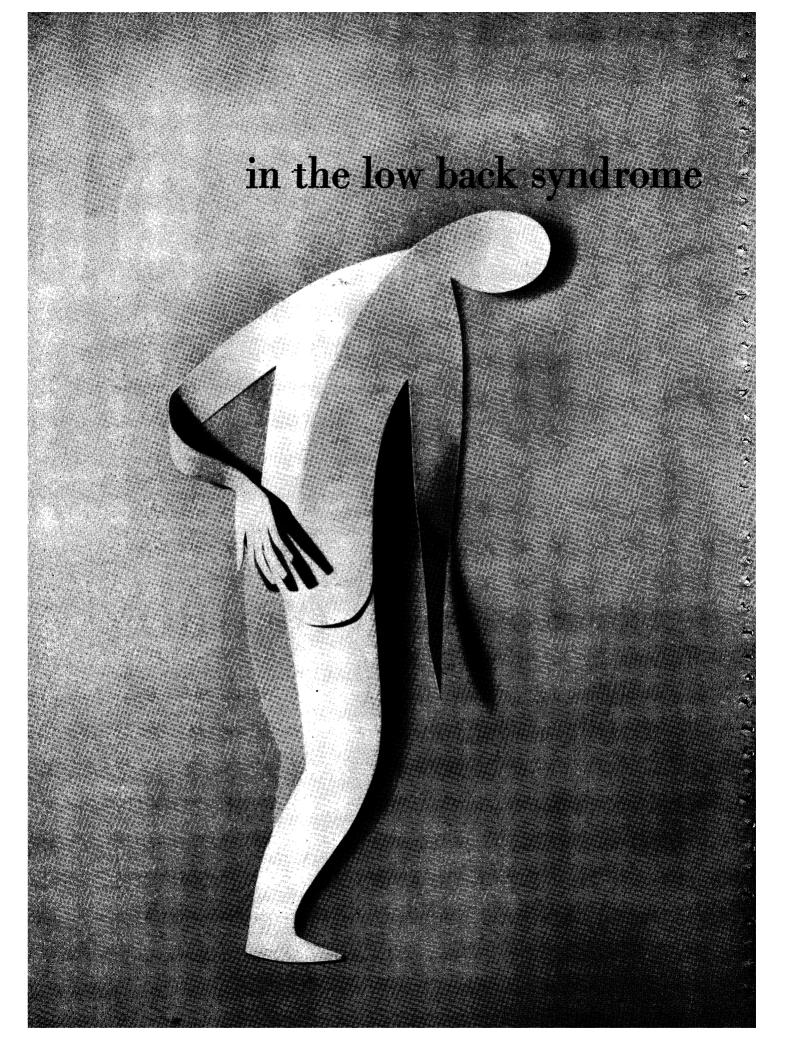
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relieves both stiffness and pain with safety...sustained effect

In 100 consecutive patients with the low back syndrome, Kestler¹ reported that particularly gratifying was the ability of SOMA "to relax muscular spasm, relieve pain, and restore normal movement, thus speeding recovery in a large majority of the patients."

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EXCELLENT TO VERY GOOD AN

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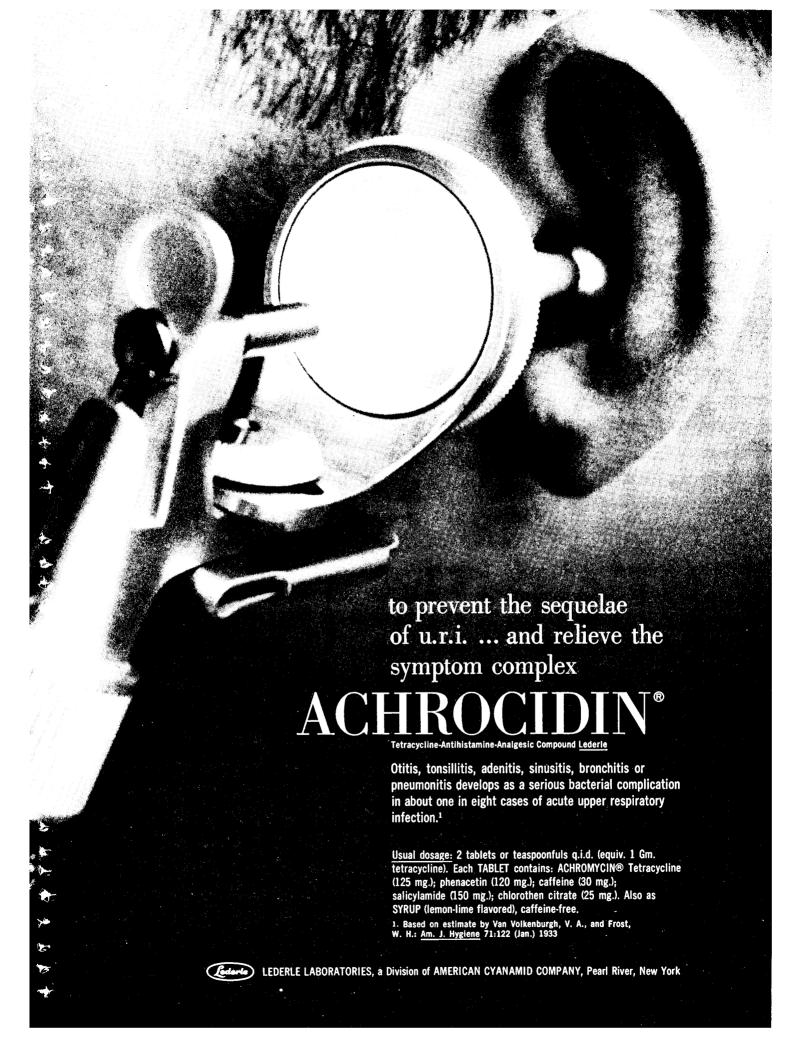


1. Kestler, O: In The Pharmacology and Clinical Usefulness of Carisoprodol. Wayne State University Press, Detroit, 1959. 2. Berger, F. M.; Kletzkin, M.; Ludwig, B. J.; Margolin, S., and Powell, L. S.: J. Pharm. Exp. Ther. 127.66 (Sept.) 1959. 3. Spears, C. E. and Phelps, W. M.: Arch. Pediat. 76:287 (July) 1959. 4. Phelps, W. M.: Arch. Pediat. 76:243 (June) 1959. 5. Friedman, A. P.; Frankel, K., and Fransway, R. L.: Papers presented at Scientific Meeting, New York State Society of Industrial Medicine, Inc., New York, Sept. 30, 1959. 6. Kuge, T.: Unpublished reports. 7. Ostrowski, J. P.: Orthopedics (In Press).

Literature and samples on request

Also available on request: The Pharmacology and Clinical Usefulness of Carisoprodol, Wayne State University Press, Detroit, 1959. (185 pages)







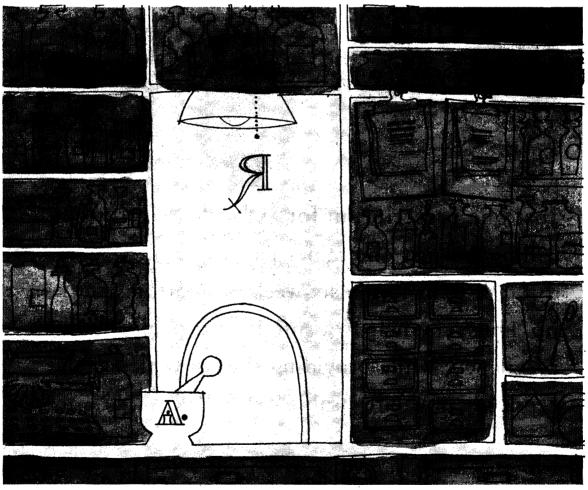
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For Engran formula, see page 94



now-in nasal polyposis effective medical treatment

"The problem of recurring nasal polyposis continues to plague the rhinologist. It also continues to harass the patient whose relief of nasal obstruction following repeated operations is all too brief."²

The pathogenesis of nasal polyposis has been linked to chronic sinusitis,^{3, 4} and to respiratory allergy, including asthma.⁵ The TRIAMINIC-HC formula provides rational therapy in relation to this etiology.

The anti-allergic, decongestant action of Triaminic serves to decongest and shrink swollen nasal and paranasal membranes. For many patients, this combination, reaching all the membranes by systemic distribution, is found to be safer and more effective than topical decongestants.^{6,7,8} "This affords opportunity for shrinkage in areas that could not be approached by sprays, drops or actual topical applications."

Corticosteroid therapy, alone and in combination with antibacterial therapy, has

been reported to bring relief in sinusitis¹⁰ and polyposis¹¹, and to have resulted in some degree of regression in as many as 50% of polyposis cases.

The ability of TRIAMINIC-HC to control nasal polyps has been tested in 21 patients.¹ Eleven of these patients had undergone from one to eight polypectomies, with recurrence in each case. Sixteen patients showed positive skin reactions to environmental or plant allergens. In 19 of the 21 (90%) there was definite improvement noted as substantial reduction of obstruction in the nose. No signs of hyperadrenalism were found.

Some patients (about 40%) can be maintained on Triaminic alone after TRIAMINIC-HC has accomplished its polyp-shrinking effect.¹ The combined effectiveness of TRIAMINIC-HC is indicated also for symptomatic relief in severe or stubborn cases of allergic rhinitis and pollen asthma.

TRIAMINIC PLUS HYDROCORTISONE

Because of the special "timed release" design of TRIAMINIC-HC Tablets, relief is usually obtained with one tablet every 6 to 8 hours. These tablets should be swallowed whole to preserve their timed-release action.

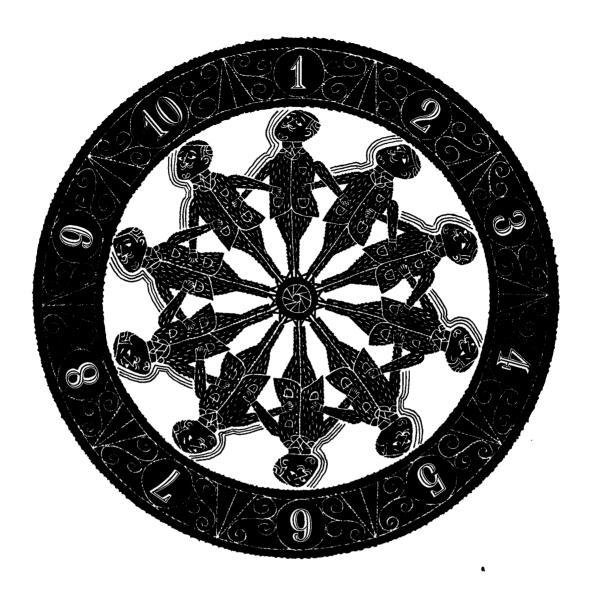
Each TRIAMINIC-HC Tablet provides:

(in the outer layer)		
TRIAMINIC	50	mg.
(phenylpropanolamine HCl, 25 mg.; pheniramine maleate, 12.5 mg.; pyrilamine maleate, 12.5 mg.)		
Hydrocortisone	10	mg.
(in the core)		
TRIAMINIC	50	mg.

Special Note: The 30 mg. of hydrocortisone provided by 3 TRIAMINIC-HC Tablets (usual daily dose) is slightly under the lower limit of therapeutic dosage of hydrocortisone when used alone. Even so, the regular precautions regarding the long-term use of corticosteroids or their sudden withdrawal should be observed.

References: 1. MacLaren, W. R.: Presented at Am. College Allergists, San Francisco, Mar. 18, 1959. 2. Hollender, A. R.: A.M.A. Arch. Otolaryng. 67:515 (May) 1958. 3. Updegraff, T. R.: Med. Times 86:1527 (Dec.) 1958. 4. Evans, M. G.: A.M.A. Arch. Otolaryng. 68:416 (Oct.) 1958. 5. Hansel, F. K.: Clinical Allergy, C. V. Mosby Co., St. Louis, 1953, p. 486. 6. Lhotka, F. M.: Illinois M.J. 112:259 (Dec.) 1957. 7. Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958. 8. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958. 9. Morrison, L. F.: A.M.A. Arch. Otolaryng. 59:48 (Jan.) 1954. 10. Jones, E. H.: Ann. Allergy 16:521 (Sept.-Oct.) 1958. 11. Harpman, J. A.: E.E.N.T. Monthly 38:41 (Jan.) 1959.

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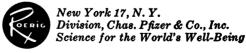
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rotic vertigo, labyrinthitis and vertigo of nonspecific origin.

Supplied: In bottles of 100 blue-and-white scored tablets. Prescription only.

References: 1. Menger, H. C.: Clin. Med. 4:818 (Mar.) 1957. 2. Scal, J. C.: Eye Ear Nose & Throat Month. 38:788 (Sept.) 1959.



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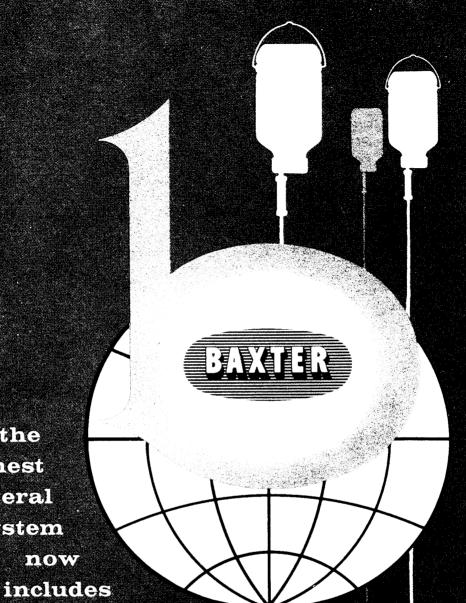
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*References: Maxwell, M. H., et al: Peritoneal Dialysis: 1. Techniques and Applications, J. A. M. A. 170:917 (June 20) 1959.

> Doolan, P. D., et al: An Evaluation of Intermittent Peritoneal Lavage, Am. J. Med., 26:831 (June) 1959.



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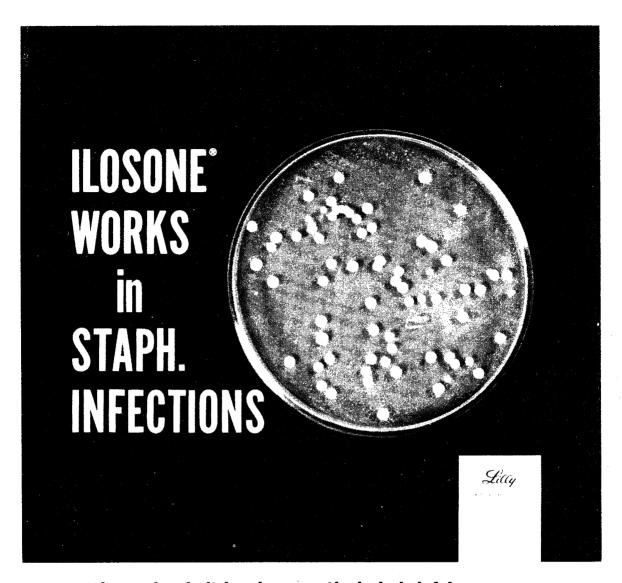
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1. Smith, I. M., and Soderstrom, W. H.: J. A. M. A., 170:184 (May 9), 1959.

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10th ANNIVERSARY

REGIONAL POSTGRADUATE INSTITUTE

SAN JOAQUIN VALLEY COUNTIES

Presented by Committee on Postgraduate Activities of the California Medical Association, in cooperation with Fresno, Madera, Kings, Tulare, Kern, Merced-Mariposa, Inyo-Mono and Stanislaus County Medical Societies and the University of Southern California School of Medicine, Phil R. Manning, M.D., Associate Dean, Postgraduate Division.

Ahwahnee Hotel, Yosemite National Park April 28 and 29, 1960

PROGRAM

THURSDAY, APRIL 28

Morning Meetings

- 9:00-9:20—Mechanism of Action of Tranquilizers— Peter V. Lee, M.D.
- 9:20-9:40—The Clinical Indications and Practical Use of Tranquilizers—Seymour Pollack, M.D.
- 9:40-10:00—Questions and Answers.
- 10:00-10:20—Surgery vs. Radiation in the Treatment of Carcinoma of the Cervix—Charles F. Langmade, M.D.
- 10:20-10:40-Fibromyomata-George A. Macer, M.D.
- 10:40-11:00—Questions and Answers.
- 11:00-11:30—Toxemia of Pregnancy—George A. Macer, M.D.
- 11:30-12:00—Habitual Abortion—Charles F. Langmade, M.D.
- 12:00-12:20—Questions and Answers.

ELECTIVE WORKSHOPS

- 10:00-12:00—Water and Electrolyte Balance—Telfer B. Reynolds, M.D.
- 10:00-12:00—Electrocardiographic Interpretation: Arrythmias—Phil R. Manning, M.D.

Afternoon Meetings

- ${\bf 2:00-2:30--Intestinal\ \ Malabsorptive\ \ Syndromes-- Bernard\ J.\ Haverback,\ M.D.}$
- 2:30-3:00—Ulcerative Colitis—Bernard J. Haverback, M.D.,
- 3:00-3:20—Questions and Answers.
- 3:30-5:00—Panel: Workshop in Problems of Jaundice
 —Telfer B. Reynolds, M.D., Leonard Rosoff, M.D.,
 Donald W. Petit, M.D.
- 7:00-8:00—"No Host" Cocktail Party.
- 8:00—Dinner-Dance.

FRIDAY, APRIL 29

Morning Meetings

- 9:00-9:20—Psychic Energizers: Mechanism of Action— Peter V. Lee, M.D.
- 9:20-9:40—The Clinical Indications and Value of the Psychic Energizers—Seymour Pollack, M.D.
- 9:40-10:00—Untoward Effects of Some of the New Drugs—Peter V. Lee, M.D.
- 10:00-10:20—Questions and Answers.
- 10:20-10:40—Stress Incontinence—George A. Macer, M.D.
- 10:40-11:00—Problems in Pediatric Gynecology—Charles F. Langmade, M.D.
- 11:00-11:20—Questions and Answers.
- 11:20-11:50—A Practical Approach to Diagnosis of Adrenal Cortical Function—Donald W. Petit, M.D.
- 11:50-12:20—The Enlarged Thyroid—Donald W. Petit,
- 12:20-12:30—Questions and Answers.

ELECTIVE WORKSHOPS

- 10:00-12:00—Workshops in Problems of Jaundice— Telfer B. Reynolds, M.D.
- 10:00-12:00—Electrocardiographic Interpretations: Chest Pain and Hypertrophy—Phil R. Manning, M.D.

Afternoon Meetings

- 2:00-2:30—Panel: Peptic Ulcer—Medical.
- 2:30-3:00—Panel: Peptic Ulcer—Surgical.
 Bernard J. Haverback, M.D., and Leonard Rosoff, M.D.
- 3:00-3:20—Questions and Answers.
- 3:30-5:00—Workshop in Hypertension—Donald W. Petit, M.D.

HOST: Fresno County Medical Society . . . REGIONAL CHAIRMAN: Campbell H. Covington, M.D., 2057 High Street, Selma, California . . . INSTITUTE FEE: \$15.00. For additional information, contact Postgraduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. All California Medical Association members and their families are cordially invited to attend.

POSTGRADUATE EDUCATION NOTICES

THIS BULLETIN of the dates of postgraduate education programs and the meetings of various medical organizations in California is supplied by the Committee on Postgraduate Activities of the California Medical Association. In order that they may be listed here, please send communications relating to your future medical or surgical programs to: Mrs. Margaret H. Griffith, Director, Postgraduate Activities, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

- Clinical Traineeships Anesthesia, Dermatology and Pediatric Cardiology. Dates by arrangement. Minimum period—two weeks. Fee: Two weeks, \$150.00; four weeks, \$250.00.
- Postgraduate Medical Symposium. Grossmount Hospital, La Mesa. Saturday and Sunday, April 30 and May 1. Twelve hours. Fee: \$25.00 (includes two luncheons).
- Management of Medical Emergencies. Friday and Saturday, May 6 and 7. Twelve hours. Fee: \$40.00 (includes one luncheon).
- SURGICAL ANATOMY. Friday through Monday, June 24 through 27.
 - Head and Neck. Friday, June 24. Fee: \$40.00.†
 - Thorax, Abdomen and Pelvis. Saturday and Sunday, June 25 and 26. Fee: \$80.00.†
 - Extremities. Monday, June 27. Fee: \$40.00.†
- General Pediatrics. Sunday through Wednesday, July 17 through 20. Lake Arrowhead, University of California Residential Conference Center. Sixteen hours. Fee: \$137.50 (including room and meals).
- Advance Seminar in Internal Medicine. Wednesday through Sunday, July 20 through 24. University of California Residential Conference Center, Lake Arrowhead. Eighteen hours. Fee: \$150.00 (including room and meals).
- Dermatology in Office Practice. Monday and Tuesday, July 25 and 26. Twelve hours. Fee: \$40.00.
- Advanced Seminars in Dermatology (for Dermatologists). Wednesday through Saturday, July 27 through 31. University of California Residential Conference Center, Lake Arrowhead. Fourteen and one-half hours. Fee: \$150.00 (including room and meals).
- Anesthesia for Special Procedures. Wednesday, Thursday and Friday, August 3, 4 and 5. Eighteen hours. Fee: \$60.00.
- Arthritis and Rheumatism. Friday and Saturday, August 19 and 20. Twelve hours.*
- Obstetrical Procedures and Complications. Thursday and Friday, August 26 and 27. Twelve hours. Fee: \$50.00 (includes two luncheons).

For Ancillary Personnel

- Fifth Regional Conference for Nurses. Sunday through Wednesday, June 12 through 15. Thirty-two hours. Fee: \$80.00
- The College Nurse: New Concepts in Her Profession. Friday and Saturday, June 17 and 18. Twelve hours. Fee: \$20.00.
- 9th Annual Symposium in Clinical Laboratory Technology. Saturday and Sunday, June 18 and 19. Sixteen hours, Fee: \$20.00.

Workshops for School Nurses:

- Riverside, Tuesday through Saturday, June 21 through 25. Forty-five hours. Fee: \$40.00.
- Los Angeles, Tuesday through Saturday, July 5 through 9. Forty-five hours. Fee: \$40.00.
- San Diego, Wednesday through Sunday, July 13 through 17. Forty-five hours, Fee: \$40.00.
- Contact: Thomas H. Sternberg, M.D., assistant dean for Continuing Medical Education, U.C.L.A. Medical Center, Los Angeles 24. BRadshaw 2-8911, Ext. 7114.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

- Neuropsychiatry in General Practice (Napa State Hospital). Thursday evenings, April 21 through May 26. Twelve hours. Fee: \$5.00.
- Symposium on Pediatric Surgery (Children's Hospital). Saturday, April 23. Seven hours. Fee: \$12.50.
- General Surgery. Monday to Friday, April 25 to 29. Thirty-five hours. Fee: \$100.00.
- Evening Lectures in Medicine. Wednesdays, April 27 through June 1. Twelve hours. Fee: \$25.00.
- Symposium on Cardiovascular Disease (Santa Rosa). Wednesday, May 4. Seven hours. Fee: \$15.00.
- A Course on Urology. Thursday and Friday, May 5 and 6. Fourteen hours.*
- Ear, Nose, Throat. Thursday to Saturday, May 12 to 14.
 Twenty-one hours.*
- Proctology. Thursday and Friday, May 19 and 20. Four-teen hours. Fee: \$40.00.
- Advances in Surgical Anatomy, Normal Anatomy and Histology of the Eye. Thursday to Saturday, June 2 to 4. Twenty-one hours.*
- A Course on the Foot. Thursday to Saturday, June 9 to 11. Twenty-one hours.*
- A Course in Industrial Medicine. Wednesday to Friday, June 22 to 24. Twenty-one hours.*
- A Course on New Drugs. Thursday to Saturday, July 14 to 16. Twenty-one hours.*
- Obstetrics and Gynecology. Thursday to Saturday, September 15 to 17. Twenty-one hours.*
- Fundamental Practices of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes.

 Two or three month course limited to one enrollee per month. Fee: \$350.00.

For Ancillary Personnel

Evening Lectures on Pharmacy. Mondays, April 18 to May 23. Twelve hours. Fee: \$15.00.

^{*}Fees to be announced.

[†]Hours to be announced.

- Nursing Care of Mothers and Children. Tuesdays, April 19 through June 7, Highland Hospital, Oakland. Sixteen hours, Fee: \$25.00.
- Nursing Care of Medical-Surgical Patients. Thursdays, April 21 through June 9. Highland Hospital, Oakland. Sixteen hours. Fee: \$25.00.
- Course for Laboratory Technologists. Saturday and Sunday, April 30 and May 1. Fourteen hours. Fee: \$15.00.
- Nursing and People. Monday to Friday, May 2 to 13. Fee: \$30.00.
- Understanding the Adolescent for Nursing Care. Saturday and Sunday, May 14 and 15. Fee: \$15.00.
- Human Relations in the Modern Hospital. Monday through Friday, June 13 through 17. Fee: \$50.00.
- Integration of Psychiatric Principles in the Total Curriculum. Tuesday to Friday, July 5 to August 12. Fee: \$100.00.
- Cancer Nursing. Wednesday through Friday, August 10 through 12.*
- Continuing Education Conference Series. Tuesday through Friday, September 6 through 16.*
- Administration of Nursing Care. Tuesdays, September 13 through December 13. Fee: \$45.00.
- Contact: Seymour M. Farber, M.D., assistant dean, Department of Continuing Medical Education, University of California Medical Center, San Francisco 22. MOntrose 4-3600, Ext. 665.

STANFORD UNIVERSITY SCHOOL OF MEDICINE, PALO ALTO

Emotional and Social Aspects of Child Health in Pediatric Practice. June 13 through 24. Contact: Hale F. Shirley, M.D., Professor of Pediatrics and Psychiatry, Stanford Medical Center, 300 Pasteur Drive, Palo Alto, Calif.

STANFORD HOSPITAL, SAN FRANCISCO (Lane Presbyterian Medical Center)

- Eye Conference. Each Monday morning.
- Didactic Course in Ophthalmology. Monday and Wednesday, 7 to 8:30 p.m.
- Course on Keratoplasty for Specialists in Ophthalmology. Wednesday through Friday, May 18 through 20
- Postgraduate Conference in Strabismus. Wednesday through Friday, July 13 through 15.
- Contact: Arthur Selzer, M.D., program committee chairman, San Francisco-Stanford Hospital, Clay and Webster Sts., San Francisco 15.

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

Cardiac Resuscitation. Sponsored by the Los Angeles County Heart Association each Wednesday throughout the year, 4 to 6 p.m. USC Medical Research Building, Room 211, 2025 Zonal Avenue. Residents and interns

- of Los Angeles County, and all armed forces medical personnel admitted without fee. Tuition for all other physicians: \$30.00. (Each session all-inclusive.)
- Basic Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.
- Advance Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.
- Hawaii Course: The USC School of Medicine will offer the Third Postgraduate Refresher Course to be held in Honolulu and on board the S.S. Lurline from August 4 to August 20, 1960. (As a time and money saver, round trip air travel is also possible August 4 to August 14.)
- Contact: Phil R. Manning, M.D., associate dean and director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

COLLEGE OF MEDICAL EVANGELISTS

- CLINICAL TRAINEESHIPS available in all clinical departments by arrangement with the Postgraduate Division and the chairman of the department or departments involved. Eighty hours minimum. Fee: As arranged.
 - Diseases of the Chest: Two and four-week Traineeships in cooperation with the Los Angeles County Hospital. Dates as arranged.
 - Anesthesia. Monday through Friday. Dates as arranged. Six months. Fee: \$350.
- SPECIAL SKILLS available in the clinical departments, usually with a maximum of two or three students.
 - Surgical Anatomy: Head and Neck, April 20 through June 1, 63 hours. Fee: \$75.00.
 - Surgical Anatomy: Head and Neck, April 20 through June 1. Twenty-four hours. Fee: \$35.00.
- JOINT MANIPULATION. Monday through Friday, 8:00 to 12:00, dates to be arranged. Twenty hours. Fee: \$75.00.
- For information contact: G. E. Norwood, M.D., assistant dean and chairman, Division of Postgraduate Medicine, College of Medical Evangelists, 1720 Brooklyn Ave., Los Angeles 33. ANgelus 9-7241, Ext. 214.

CALIFORNIA MEDICAL ASSOCIATION

POSTGRADUATE INSTITUTES—1960 (Tenth Anniversary Year)

- Southern Counties in cooperation with Stanford University School of Medicine, April 21 and 22. Palm Springs Riviera Hotel. *Chairman*: Robert M. Zweig, M.D., 7004 Magnolia, Riverside.
- San Joaquin Valley Counties in cooperation with University of Southern California School of Medicine, April 28 and 29. Ahwahnee Hotel, Yosemite. *Chairman:* Campbell H. Covington, M.D., 2057 High Street, Selma.

^{*}Fees to be announced.

- Sacramento Valley Counties in cooperation with UCLA School of Medicine, July 1 and 2. Tahoe Tavern, Lake Tahoe. *Chairman:* Herbert W. Korngold, M.D., 1217 30th Street, Sacramento.
- Contact: One of the chairmen listed above, or Postgraduate Activities Office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

AUDIO-DICEST FOUNDATION, a nonprofit subsidiary of the C.M.A., offers (on a subscription basis) a series of six different hour-long tape recordings covering general practice, surgery, internal medicine, obstetrics and gynecology, pediatrics and anesthesiology. Designed to keep physicians posted on what is new and important in their respective fields, these programs survey current national and international literature of interest and contain selected highlights of on-the-spot recordings of national scientific meetings, panel discussions, symposia, and individual lectures. For information contact Mr. Claron L. Oakley, Editor, 1919 Wilshire Blvd., Los Angeles 57, HUbbard 3-3451.

Medical Dates Bulletin

APRIL MEETINGS

- Palo Alto Clinic Third Annual Symposia. Sponsored by the Clinic and Palo Alto Medical Research Foundation. Saturday, April 23. Clinic Auditorium. *Contact:* John F. Weigen, M.D., program chairman, Palo Alto Clinic, Palo Alto.
- CALIFORNIA MEDICAL ASSISTANTS ASSOCIATION Annual Convention. April 23 and 24. Claremont Hotel, Berkeley. Contact: Mrs. Anne Reece, president CMAA, 1837 So. Indiana St., Porterville, California.
- Association of School Physicians and Dentists of Los Angeles Board of Education. Dinner meeting honoring Dr. Morley Sellery who is retiring. April 27. 7:00 p.m. Los Angeles County Medical Association Building. Contact: Lillian Shutter, M.D., chairman, 4036 Wilshire Boulevard, Los Angeles.
- WEST CONTRA COSTA BRANCH OF CALIFORNIA ACADEMY OF GENERAL PRACTICE Postgraduate Course. Wednesdays, April 27 through June 1, 8 p.m. to 10 p.m., Brookside Hospital, San Pablo. Contact: D. D. Vollan, M.D., chairman, Education Committee, Brookside Hospital, San Pablo.
- Valley Children's Hospital Spring Clinics. April 28 to 30. Roosevelt High School Auditorium, Fresno. Contact: Valley Children's Hospital, Shields and Millbrook Avenues, Fresno.
- TB AND HEALTH ASSOCIATION, Los Angeles County Workshop on Techniques of Teaching Chest Disease. Jonathan Club, Los Angeles. April 30, 8:30 a.m. to 5 p.m. Contact: Mr. Richard Gaines, staff coordinator, 1670 Beverly Blvd., Los Angeles 26.

MAY MEETINGS

PAN AMERICAN MEDICAL ASSOCIATION CONGRESS. May 2 to 11. Mexico City. Contact: Joseph J. Eller, M.D., director general, 745 Fifth Avenue, New York, N. Y.

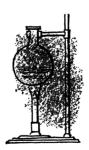
- Los Angeles County Heart Association Annual Meeting. Biltmore Bowl, Los Angeles—Luncheon, 12:00 noon. Wednesday, May 4. Contact: Chauncey A. Alexander, executive director, 2405 West 8th St., Los Angeles 57
- MEMORIAL HOSPITAL OF LONG BEACH Medical Staff 2nd Annual Scientific Symposium "New Horizons in Medicine," to be held in conjunction with the formal opening of the new 400-bed Memorial Hospital of Long Beach. May 4. Contact: George X. Trimble, M.D., director of medical education, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13.
- STUDENT AMERICAN MEDICAL ASSOCIATION, Statler-Hilton Hotel, Los Angeles, May 5 through 8. Contact: Mr. R. F. Staudacher, executive director, 430 N. Michigan, Chicago 11.
- NEVADA ACADEMY OF GENERAL PRACTICE 1960 Annual Assembly. May 12 through 14. Riverside Hotel, Reno, Nevada. Scientific program by University of California School of Medicine. *Contact:* Roy M. Peters, M.D., general chairman, 475 So. Arlington, Reno, Nevada.
- HAWAII MEDICAL ASSOCIATION Annual Meeting. May 12 through 15. Contact: Miss Lee McCaslin, executive secretary, 510 S. Beretania, Honolulu 13.
- NATIONAL TUBERCULOSIS ASSOCIATION—AMERICAN TRU-DEAU SOCIETY Annual Meeting. May 16 through 19. Statler Hilton and Biltmore Hotels, Los Angeles. Contact: Mr. Sherman Asche, general chairman, Annual Meeting Committee, P. O. Box 4037, Santa Barbara.
- AMERICAN COLLEGE OF NUTRITION 1960 Annual Convention. May 20 through 22. Huntington Sheraton Hotel, Pasadena. *Contact:* Donald B. Haynie, executive secretary, 10651 West Pico Blvd., Los Angeles 64.
- California Heart Association Annual Meeting and Scientific Session. May 20 through 22. Claremont Hotel, Berkeley. *Contact:* J. Keith Thwaites, executive director, 1428 Bush Street, San Francisco 9.
- LONG BEACH SURGICAL SOCIETY Annual "Clinic Day." May 21. Lafayette Hotel, Long Beach. 2 p.m. to 9 p.m. Contact: Harriman Jones, M.D., secretary-treasurer, 211 Cherry Ave., Long Beach 2.

SUMMER AND FALL MEETINGS

- SAN DIEGO COUNTY MEDICAL SOCIETY and the MEDICAL DEPARTMENT, 11TH NAVAL DISTRICT. Symposium on Clinical Medicine and Surgery. Sunday, June 5, 8:30 a.m. to 5:00 p.m. El Cortez Hotel, San Diego. Contact: Michael J. Feeney, M.D., program chairman, 3427 Fourth Ave., San Diego 3.
- GERONTOLOGICAL SOCIETY, INC., Mark Hopkins Hotel, San Francisco. August 7 through 12. Contact: Mrs. Marjorie Adler, administrative secretary, 660 S. Kingshighway Blvd., St. Louis 10.
- RENO SURGICAL SOCIETY 10th Annual Conference. August 18, 19 and 20. The Mapes Hotel, Reno. Contact: Harry B. Gilbert, M.D., 275 Hill Street, Reno, Nevada.
- AMERICAN ASSOCIATION OF BLOOD BANKS, Jack Tar Hotel, San Francisco. August 21 through 26. Contact: John B. Alsever, M.D., secretary, 1211 W. Washington St., Phoenix, Arizona.
- AMERICAN HOSPITAL ASSOCIATION, Civic Auditorium, San Francisco. August 27 through September 1. Contact: Mr. Maurice J. Norby, assistant director, 18 E. Division St., Chicago.

- Pacific Dermatologic Association Inc. 12th Annual Meeting. Empress Hotel, Victoria, British Columbia. September 2 through 4. Contact: Edward Ringrose, M.D., secretary, 2636 Telegraph Ave., Berkeley.
- OREGON STATE MEDICAL SOCIETY, Portland. September 7 through 9. Contact: Mr. Roscoe K. Miller, executive secretary, 1115 S. W. Taylor St., Portland 5, Oregon.
- NEVADA STATE MEDICAL ASSOCIATION Annual Meeting. September 7 through 10. Stardust Hotel, Las Vegas. Contact: Nelson B. Neff, executive secretary, P. O. Box 2790, Reno, Nevada.
- POSTGRADUATE ASSEMBLY OF SAINT JOHN'S HOSPITAL. September 8 through 10. 9 a.m. to 4 p.m., St. John's Hospital, Santa Monica. Contact: John C. Eagan, M.D., director, 1328 22nd St., Santa Monica.
- Santa Barbara County Heart Association Physicians Symposium. September 17, 9:00 a.m. to 5:00 p.m., Biltmore Hotel, Santa Barbara. Contact: E. J. Hannon, executive director, 18 La Arcada Court, Santa Barbara.
- California Society of Internal Medicine Annual Meeting, Yosemite. September 23, 24 and 25. Contact: Barbara E. Oulton, executive secretary, 350 Post St., San Francisco 8.
- Washington State Medical Association Annual Convention. September 25 through 28. Olympic Hotel, Seattle, Washington. *Contact:* R. W. Neill, executive secretary, 1309 7th Avenue, Seattle, Washington.
- Pan-Pacific Surgical Association 8th Intensive Surgical Congress, embracing all Surgical Specialties. September 28 through October 5. Honolulu, Hawaii. Contact: F. J. Pinkerton, M.D., director general, Suite 230, Alexander Young Building, Honolulu 13.
- AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA.
 Coronado Hotel, San Diego. October 5 through 7. Contact: William T. Fitts, Jr., M.D., secretary, 3400 Spruce St., Philadelphia 4.
- Los Angeles County Heart Association 30th Annual Professional Symposium on Cardiovascular Diseases. October 5 and 6. Beverly Hilton Hotel, Beverly Hills. Contact: Los Angeles County Heart Association, 2405 W. 8th St., Los Angeles 57.

- SAN FRANCISCO HEART ASSOCIATION 30th Annual Postgraduate Symposium on Heart Disease. October 5 through 7. St. Francis Hotel, San Francisco. *Contact:* Mr. Lawrence I. Kramer, Jr., executive director, 259 Geary St., San Francisco 2.
- WESTERN INDUSTRIAL MEDICAL ASSOCIATION combined Meeting with 4th Western Industrial Health Conference. October 7 through 9. Jack Tar Hotel, San Francisco. Contact: Verne G. Ghormley, M.D., president, 3032 Tulare Street, Fresno 21.
- AMERICAN COLLEGE OF SURGEONS, 46th Annual Clinical Congress, San Francisco. October 10 to 14. Contact: William E. Adams, M.D., secretary, 40 E. Erie St., Chicago 11.
- Kaiser Foundation Hospitals in Northern California Fourth Annual Symposium on Human Genetics. October 14 and 15. Fairmont Hotel, San Francisco. Contact: Martin A. Shearn, M.D., Director of Medical Education, 280 West MacArthur Blvd., Oakland.
- CALIFORNIA ACADEMY OF GENERAL PRACTICE 11th Annual Scientific Assembly. October 16 through 19. Masonic Memorial Temple, San Francisco. Contact: William W. Rogers, executive secretary, 461 Market St., San Francisco 5.
- Western Orthopedic Association Annual Convention. October 22 through 27. Hotel Del Coronado, Coronado. Contact: Mrs. Vi Mathieson, executive secretary, 354 21st St., Oakland 12.
- St. Jude Hospital—Fullerton 2nd Annual Postgraduate Assembly. October 27 and 28. St. Jude Hospital. Contact: B. L. Tesman, M.D., chairman, St. Jude Hospital, Fullerton.
- AMERICAN SCHOOL HEALTH ASSOCIATION, San Francisco.
 October 30 through November 4. Contact: A. O. De-Weese, M.D., executive secretary, 515 E. Main St., Kent, Ohio.
- AMERICAN PUBLIC HEALTH ASSOCIATION, San Francisco.
 October 31 through November 4. Contact: Berwyn F.
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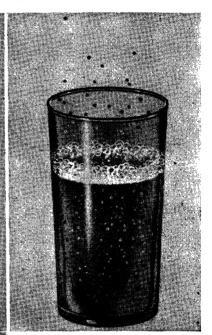
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REPERSONNES: 1. Now, B. M.: Practitioner 183:759, 1959. Z. Low, M. D., and Womack; G. K.; Ann. N. Y. Acad. Sci 76:868. 1953. S. Bonn, P. A., Baltch, A., and Krajnyak, O.: Ibid. 76:109, 1958. 4. Council on Drugs, J.A.M.A. 178:005, 1960.

Lifts depression...



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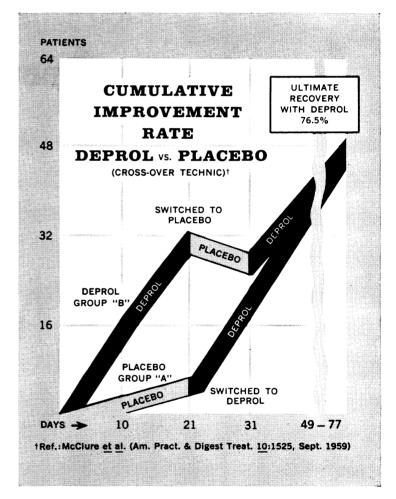
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BIBLIOGRAPHY (11 clinical studies, 764 patients):

1. Alexander, L. (35 patients): Chemotherapy of depression — Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 165:1019, March 1, 1958. 2. Bateman, J. C. and Carlton, H. N. (50 patients): Meprobamate and benactyzine hydrochloride (Deprol) as adjunctive therapy for patients with advanced cancer. Antibiotic Med. & Clin. Therapy 6:648, Nov. 1959. 3. Bell, J. L., Tauber, H., Santy, A. and Pulito, F. (77 patients): Treatment of depressive states in office practice. Dis. Nerv. System 20:263, June. 1959. 4. Breitner, C. (31 patients): On mental depressions. Dis. Nerv. System 20:142, (Section Two), May 1959. 5. Landman, M. E. (50 patients): Choosing the right drug for the patient. Submitted for publication, 1960. 6. McClure, C. W., Papas, P. N., Speare, G. S., Palmer, E., Slattery, J. J., Konefal, S. H., Henken, B. S., Wood, C. A. and Ceresia, G. B. (128 patients): Treatment of depression—New technics and therapy. Am. Pract. & Digest Treat. 10:1525, Sept. 1959. 7. Pennington, V. M. (135 patients): Meprobamate-benactyzine (Deprol) in the treatment of chronic brain syndrome, schizophenia and senility. J. Am. Geriatrics Soc. 7:656, Aug. 1959. 8. Rickels, K. and Ewing, J. H. (35 patients): Deprol in depressive conditions. Dis. Nerv. System 20:364, (Section One), Aug. 1959. 9. Ruchwarger, A. (87 patients): Use of Deprol (meprobamate combined with benactyzine hydrochloride) in the office treatment of depression. M. Ann. District of Columbia 28:438, Aug. 1959. 10. Settel, E. (52 patients): Treatment of depression in the elderly with a meprobamate-benactyzine hydrochloride combination (Deprol). Antibiotic Med. & Clin. Therapy 7:28, Jan. 1960. 11. Splitter, S. R. (84 patients): The care of the anxious and the depressed. Submitted for publication, 1939.



Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this may be gradually increased up to 3 tablets q.i.d. Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.







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2. Recent compilation of case reports received by the Modical Department, White Laboratories, Inc.



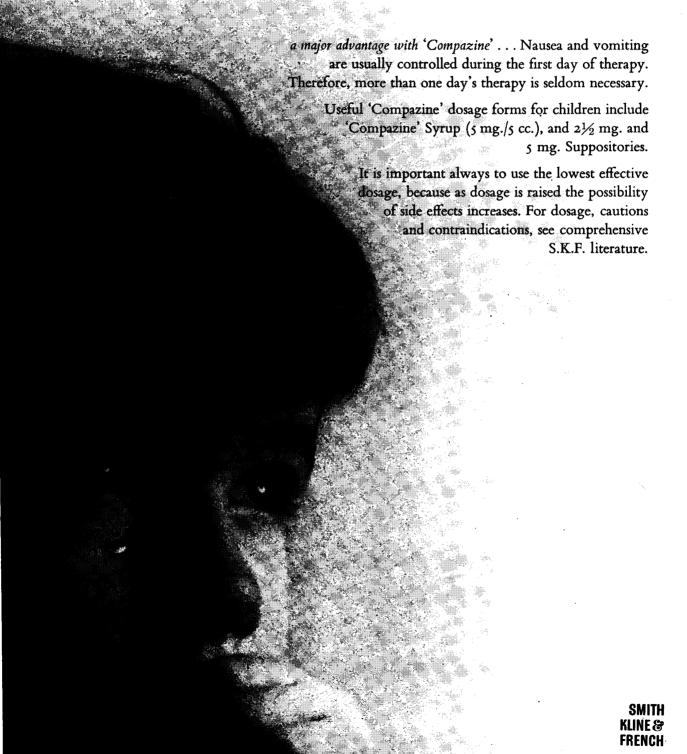
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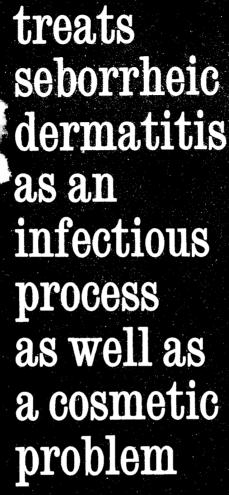
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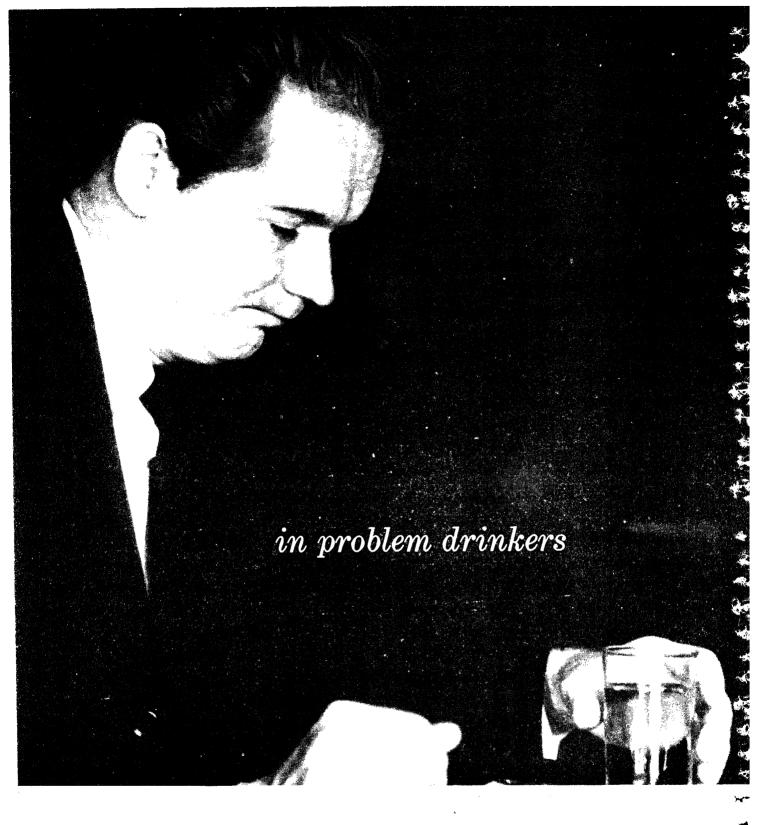
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1. Spoor, H.: Proc. Scient. Sec. TGA No. 31, May 1959 2. Frank. L.: New York J. Med. 59:2892, 1959



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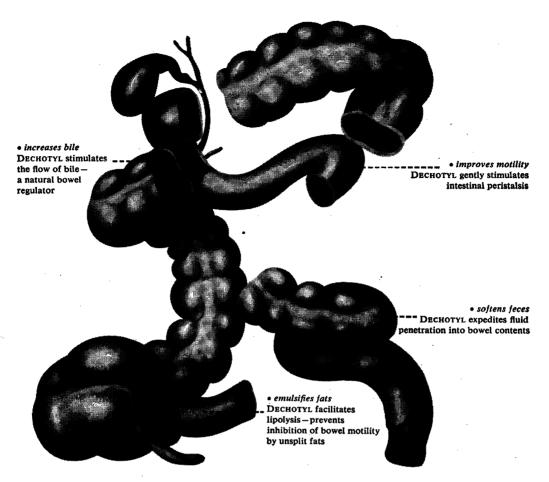
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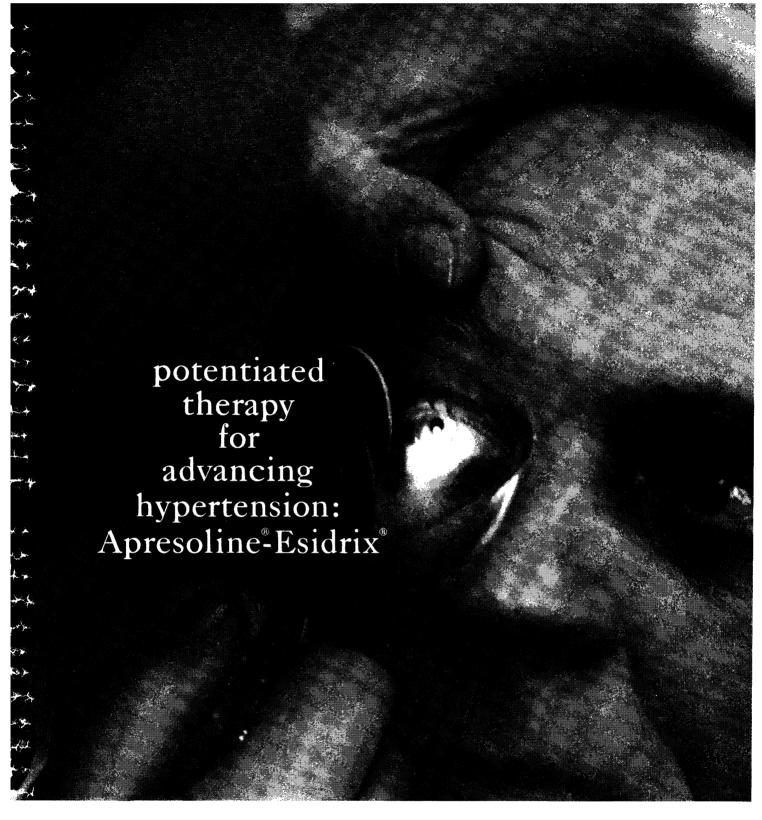
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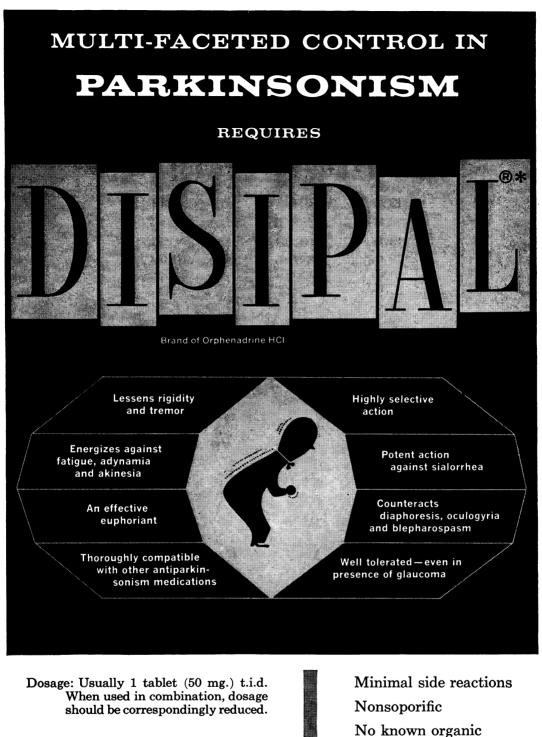
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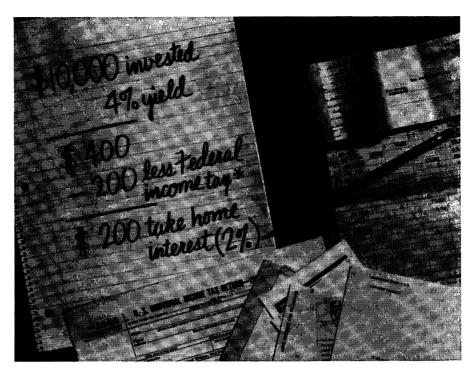
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*Knudsen, E. T., and Rolinson, G. N.: Lancet 2:1105 (Dec.19) 1959. GOUGHT TARREGUMENT IN A

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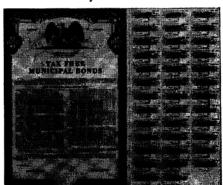
*The example above shows what can happen to interest or other income you receive from investments. It's based on approximate Federal taxes paid by an individual in the \$16,000 to \$18,000 taxable income bracket. A suggestion for increasing your "take home" interest is explained below.

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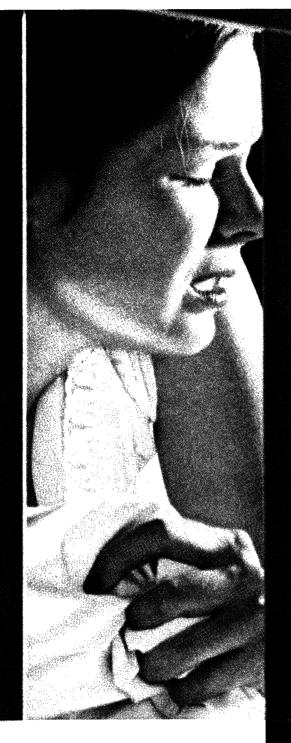
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(Continued on Page 114)





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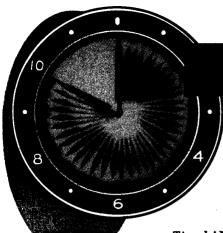
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Timed AMOdex CAPSULES are manufactured under these patent numbers: 2,736,682 - 2,809,916 2,809,917 - 2,809,918 effort. Which provide prolonged. continuous therapeutic effect over a period of 6-10 hours

Timed AMOdex CAPSULES (Testagar) supply the antidepressant and mood-elevating effects of Dextro-amphetamine hydrochloride and the calming action of Amobarbital. Timed AMOdex elevates the mood, relieves nervous tension, restores emotional stability and the capacity for mental and physical

Timed AMOdex is the preferred treatment in anxiety states and in the management of obesity. Timed AMOdex may also be used in the treatment of Depressive states, Alcoholism, Nausea and Vomiting of Pregnancy.

The Daily Dose of Timed AMOdex (Testagar) IS ONE CAP-SULE ON ARISING OR AT BREAKFAST.

Bottles of 100 and 1000 capsules, available at all pharmacies. Also supplied in half strength as Timed AMOdex, Jr.

SAMPLES AND LITERATURE **UPON REQUEST**





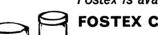
completely emulsifies and washes off excess oil from the skin. penetrates and softens comedones, unblocks pores and facilitates removal of sebum plugs.

removes papule coverings and permits drainage of sebaceous glands.

Patients like Fostex because it is so easy to use. They simply wash acne skin 2 to 4 times a day with Fostex Cream or Fostex Cake, instead of using soap.

Fostex contains Sebulytic®,* a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions...enhanced by sulfur 2%, salicylic acid 2%, and hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.



Fostex is available in two forms—

FOSTEX CREAM, in 4.5 oz. jars. **FOSTEX CAKE,** in bar form.

Fostex Cream and Fostex Cake are interchangeable for the rapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake.

Fostex Cream is also used as a therapeutic shampoo in dandruff and oily scalp.

Write for samples.

WESTWOOD PHARMACEUTICALS • Buffalo 13, New York



when sulfa is your plan of therapy...KYNEX is your drug of choice

OUTSTANDING 1-DOSE-A-DAY SULFA—Rapid peak attainment in 1 to 2 hours^{1,2}...approximately one-half the time of other single-daily dose sulfas.² High free levels—as much as 95 per cent of circulating levels remaining in fully active unconjugated forms.³ Extremely low 2.7 per cent incidence of side effects in a clinical study on 223 patients.⁴ Includes total reactions (subjective and objective), all temporary and rapidly reversed. No crystalluria reported.

KYNEX Tablets, 0.5 Gm., bottles of 24 and 100. Dosage: Adults. 0.5 Gm. (1 tablet) daily following an initial first day dose of 1 Gm. (2 tablets).

KYNEX Acetyl Pediatric Suspension, cherry-flavored, 250 mg. sulfamethoxypyridazine activity per tsp. (5 cc.). Bottles of 4 and 16 fl. oz.



1. Boger, W. P.; Strickland, C. S., and Gylfe, J. M.: Antibiotic Med. & Clin. Ther. 3:378 (Nov.) 1956. 2. Boger, W. P.: In: Antibiotic Annual 1958-1959, Medical Encyclopedia, Inc., New York. 1959, p. 48. 3. Sheth, U. K.; Kulkarni, B. S., and Kamath, P. G.: Antibiotic Med. & Clin. Ther. 5:604 (Oct.) 1958. 4. Anderson, P. C., and Wissinger, H. A.: U. S. Armed Forces M. J. 10:1051 (Sept.) 1959.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.



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a single chemical that is both a general non-narcotic analgesic and an effective muscle relaxant^{1,2}

Neisler

Irwin, Neisler & Co., Decatur, Illinois

where pain makes tension and tension makes pain analexin effectively relieves the total pain experience

Formulae: Analexin—each tablet contains 200 mg. of phenyramidol.

Analexin-AF—each tablet contains 100 mg. of phenyramidol and 300 mg. of aluminum aspirin.

Action: Analexin produces (1) analgesia by raising the pain threshold and (2) produces muscle relaxation by selectively depressing subcortical and spinal polysynaptic transmission (interneuronal blockade), abolishing abnormal muscle tone without impairing normal neuromuscular function.² Thus Analexin abolishes both the pain and the muscle tensions that often augment the pain and relieves the total pain experience.

Advantages: Analgesic potency of 1 tablet is clinically equivalent to 1 grain of codeine, but phenyramidol is not narcotic nor habituating. Tolerance and cumulative effects have

not been noted. Muscle relaxant effect is comparable to the most potent muscle relaxants available for oral use.

Indications: Analexin—for relief of pain and associated muscle tension or spasm in: dysmenorrhea; abdominal and epigastric distress; genitourinary conditions; tension headache; gout; low back pain; myalgia; sprains and strains; glass arm; wry neck; osteoarthritis.

Analexin-AF—for relief of pain and musculoskeletal tension complicated by inflammation and/or fever, as in:

arthritis; arthralgia; bursitis; tendinitis; myalgia of strain and tear.

Clinical Reports: Batterman, Grossman and Mouratoff³ compared phenyramidol with aspirin, sodium salicylate and a placebo in a series of 195 patients with various painful conditions. The authors state "Not only is satisfactory relief of painful states achieved in the majority of patients regardless of etiology and duration of pain, but there is also no evidence suggestive of cumulative toxicity. Furthermore, in contrast to codeine and meperidine, the likelihood of untoward reactions occurring in ambulant patients is not

high." Wainer used phenyramidol in a series of 200 cases, fifty with dysmenorrhea, 50 with headache and premenstrual tension, and 100 cases with postpartum pain. In the 50 dysmenorrhea patients, he achieved good or excellent results in 45. All 50 cases with headache and premenstrual tension responded with excellent results. And a combination of phenyramidol and aluminum aspirin (Analexin-AF) successfully replaced aspirin and codeine in the 100 cases of postpartum pain.

Dosage: Analexin—1 or 2 tablets every 4 hours. In dysmenorrhea, 2 tablets at onset of pain; then, one tablet every 2-4 hours as needed.

Analexin-AF—Two tablets every 4 hours or as required.

Side Effects: Analexin does not produce such centrally induced side effects as sedation, euphoria, etc. The infrequent occurrence of mild gastrointestinal irritation or epigas-

tric distress, pruritus with and without rash, has been noted. However, these effects subside promptly when dosage is reduced or discontinued.

REFERENCES: 1. Gray, A.P., and Heitmeier, D. E.: J. Am. Chem. Soc. 81:4347, 1959. 2. O'Dell, T. B., et al.: Fed. Proc. 18:1694, 1959; J. Pharmacol. & Exper. Therap., in press. 3. Batterman, R. C.; Grossman, A. J., and Mouratoff, G. J.: Am. J. Med. Sc. 238:315, 1959. 4. Wainer, A. S.: The Use of Phenyramidol in Obstetrics & Gynecology, read before the N. Y. Acad. of Sc., Dec. 5, 1959.

reaches all nasal and paranasal membranes systemically¹

Pharmacologically balanced formula for prompt symptomatic relief

- in nasal and paranasal congestion
- in sinusitis and postnasal drip
- in allergic reactions of the upper respiratory tract

Triaminic^{2,3} is safer and more effective than topical medication

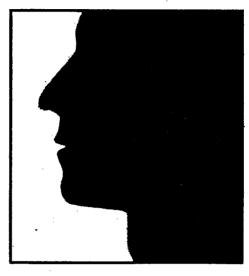
- transported systemically to all respiratory membranes
- provides longer-lasting relief
- presents no problem of rebound congestion
- avoids "nose drop addiction"

Relief is prompt and prolonged because of this special timed-release action:



first—the outer layer dissolves within minutes to produce 3 to 4 hours of relief

then — the core disintegrates to give 3 to 4 more hours of relief



Each Trian				
Phenylprop				
Pheniramin	e maleate.	 	 .25	mg.
Pyrilamine	maleate	 	 .25	mg.

Dosage: 1 tablet in the morning, midafternoon and at bedtime. In postnasal drip, 1 tablet at bedtime is usually sufficient.

Each timed-release Triaminic Juvelet® provides: 1/2 the formulation of the Triaminic Tablet.

Dosage: 1 Juvelet in the morning, midafternoon and at bedtime.

Each tsp. (5 ml.) of Triaminic Syrup provides: 1/4 the formulation of the Triaminic Tablet.

Dosage (to be administered every 3 or 4 hours): Adults-1 or 2 tsp.; Children 6 to 12-1 tsp.; Children 1 to $6-\frac{1}{2}$ tsp.; Children under $1-\frac{1}{2}$ tsp.

Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958.
 Lhotka, F. M.: Illinois M. J.: 112:259 (Dec.) 1957.
 Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.

the leading oral nasal decongestant...

Triaminic^{*}

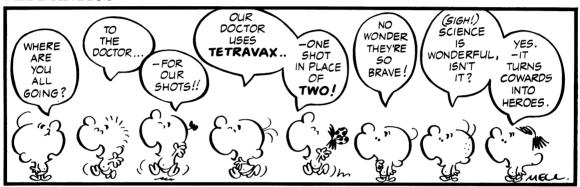
timed-release tablets and juvelets also non-alcoholic, fruit-flavored syrup

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

FOR SIMULTANEOUS IMMUNIZATION AGAINST 4 DISEASES:

Poliomyelitis-Diphtheria-Pertussis-Tetanus

PEDI-ANTICS



TETRAVAX.

DIPHTHERIA AND TETANUS TOXOIDS WITH PERTUSSIS AND POLIOMYELITIS VACCINES

now you can immunize against more diseases...with fewer injections

Dose: 1 cc.

Supplied: 9 cc. vials in clear plastic cartons. Package circular and material in vial can be examined without damaging carton. Expiration date is on vial for checking even if carton is discarded.



For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

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Through the potent appetitesuppressant action of Preludin, the success of anti-obesity treatment becomes more assured-adherence to diet becomes easier-discomfort from side reactions is unlikely.

In Simple Obesity Preludin produces 2 to 5 times the weight loss achievable by dietary instruction alone.1,2

In Pregnancy Weight gain is kept within bounds, without danger to either mother or fetus.3

In Diabetes Insulin requirements are not increased; they may even decrease as weight is lost.4

In Hypertension Preludin is well tolerated and blood pressure may even fall as weight is reduced.1

Patients taking Preludin usually experience a mild elevation of mood conducive to an optimistic and cooperative attitude, thereby counteracting the lassitude otherwise resulting from a reduced caloric intake. Thus, consistent weight loss over a prolonged period becomes more assured.

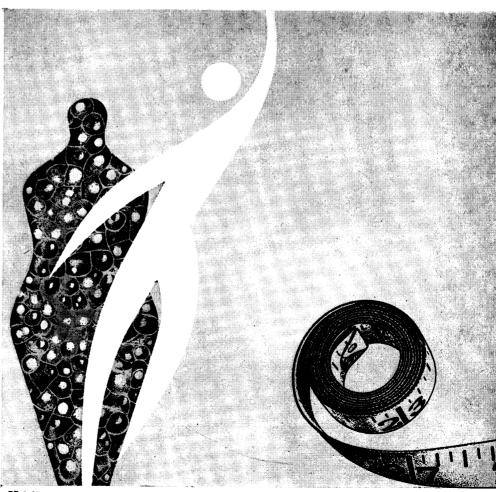
Preludin® Endurets, T.M. brand of phenmetrazine hydrochloride: prolonged-action tablets of 75 mg. for once daily administration; and scored, square, pink tablets of 25 mg for b.i.d. or t.i.d. administration.

Under license from C. H. Boehringer Sohn, Ingelheim. References: (1) Barnes, R. H.: J. A. M. A. 166:898, 1958. (2) Ressler, C.: J. A. M. A. 165:135, 1957. (3) Birnberg, C. H., and Abitbol, M. M.: Obst. & Gynec. II:463, 1958. (4) Robillard, R.: Canad. M. A. J. 76:938, 1957.

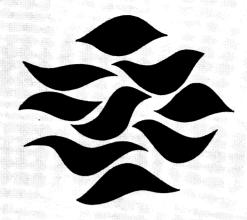
Geigy, Ardsley, New York



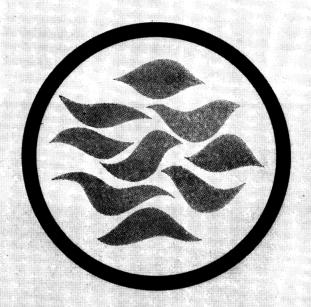
whether obesity is simple or complicated



Geigy



in eight years Novahistine hasn't cured a single cold—but it has brought prompt relief of symptoms to almost 8,000,000 patients*



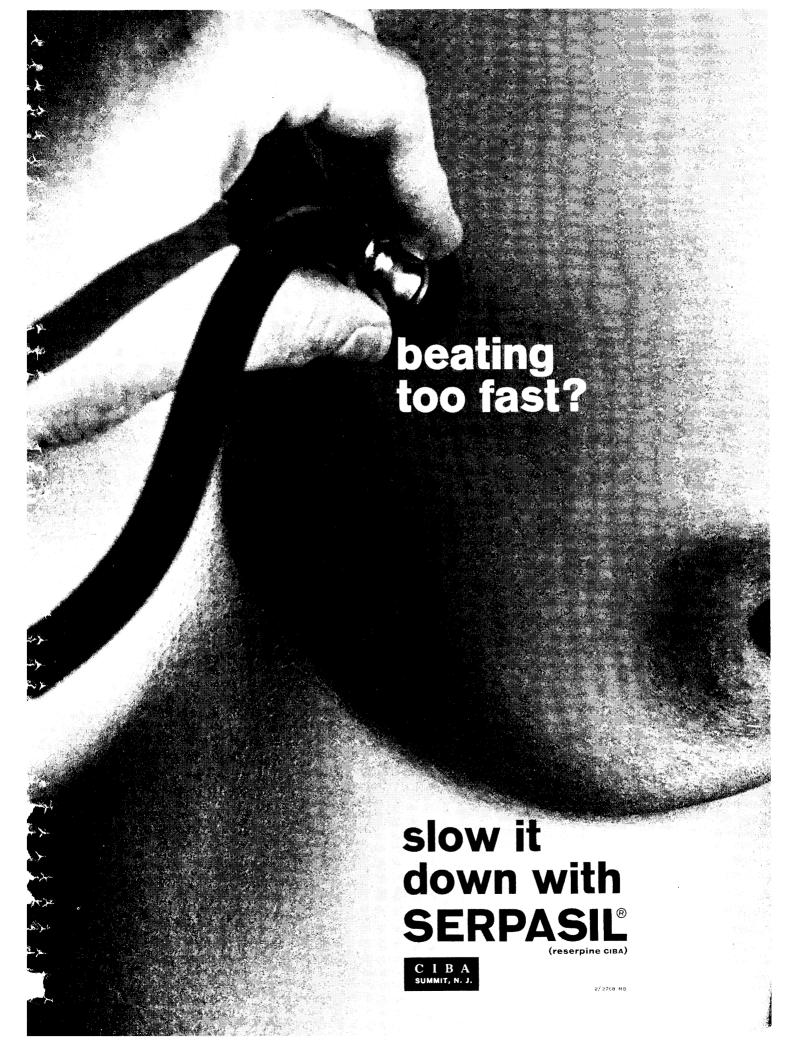
With the introduction of Novahistine, a better and <u>safer</u> way to relieve symptoms of a cold became available to physicians. The synergistic action of the Novahistine formula...combining an orally-effective vasoconstrictor with an antihistamine... promptly clears the air passages and checks irritant nasal secretions. NOVAHISTINE can eliminate the problem of rebound congestion and damage to nasal mucosa in patients who misuse topical applications. • For long-lasting "Novahistine Effect" prescribe Novahistine LP Tablets... which begin releasing medication as promptly as conventional tablets but continue bringing relief for 8 to 12 hours. Two Novahistine LP Tablets in the morning and two in the evening will effectively control the average patient's discomfort from a cold. Each tablet contains phenylephrine HCl, 20 mg., and chlorprophenpyridamine maleate, 4 mg.

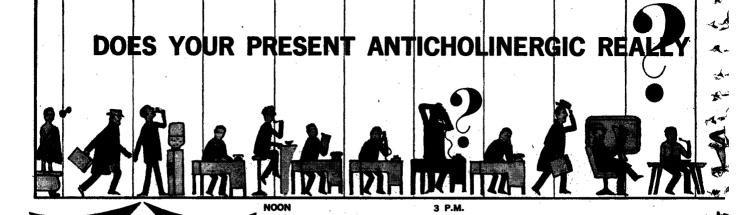
*Based on National Prescription Audits of new Novahistine prescriptions since 1952.



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The test—you might say the acid test—of an anticholinergic is simple: will it protect your patient from hyperacidity around the clock, **even while he sleeps**. The weakness of t.i.d. or q.i.d. preparations is well recognized; but even some "b.i.d." encapsulations may be unreliable. McHardy, for instance, found a "widely variable duration of action, definitely less than that anticipated" in the "sustained," "delayed," and "gradual release" anticholinergics he studied.

COMPARE THE DATA ON ENARAX... the new combination of an **inherently** long-acting anticholinergic (oxyphencyclimine) and Atarax, the non-secretory tranquilizer. Note the effectiveness of oxyphencyclimine:

OBSERVE THE OXYPHENCYCLIMINE REPORTS...

McHardy: "[Oxyphencyclimine] has proved to be an excellent sustained-action anticholinergic in our study of this agent over a period of eighteen months."

Kemp: "...for the majority of patients, one tablet every 12 hours provided adequate control. This characteristic long action...may constitute an advantage of this drug as compared to coated 'long-acting' preparations of other compounds."

Add Atarax to this 12-hour anticholinergic. The resulting combination—ENARAX—now gives relief from emotional stress, in addition to a reduction of spasm and acid. Atarax does not stimulate gastric secretion. No serious adverse clinical reaction has ever been documented with Atarax.

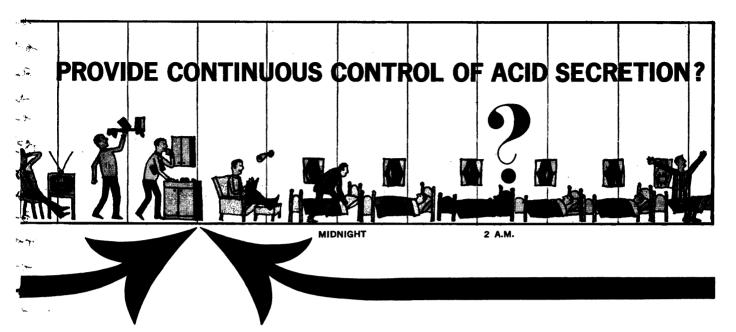
LOOK AT THE RESULTS WITH ENARAX. 1: 1

Does the medication you now prescribe assure you of all these benefits? If not, why not put your next patient with peptic ulcer or G.I. dysfunction on therapy that does.

ENARAX

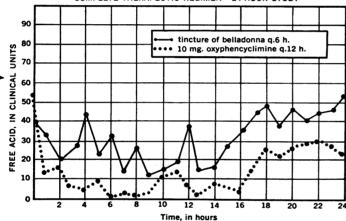
(oxyphencyclimine plus ATARAX®)

A SENTRY FOR THE G.I. TRACT



"Prolonged periods of achlorhydria" after 10 mg. oxyphencyclimine q. 12 h.2

MEAN GRAPH OF GASTRIC ACIDITY IN 4 PATIENTS RECEIVING COMPLETE THERAPEUTIC REGIMEN • 24-HOUR STUDY



Clinical Diagnosis: Peptic Ulcer—Gastritis—Gastroenteritis—Colitis—Functional Bowel Syndrome—Duodenitis—Hiatus Hernia (symptomatic)—Irritable Bowel Syndrome—Pylorospasm—Cardiospasm—Biliary Tract Dysfunctions—and Dysmenorrhea.

Clinical Results: Clinically effective in 92% of cases.

As for Safety: "Side reactions were uncommon, usually no more than dryness of the mouth..."

Each ENARAX tablet contains:

 Oxyphencyclimine HCI
 10 mg.

 Hydroxyzine (ATARAX®)
 25 mg.

Dosage: One-half to one tablet twice daily—preferably in the morning and before retiring. The maintenance dose should be adjusted according to therapeutic response. Use with caution in patients with prostatic hypertrophy, and with ophthalmological supervision only in glaucostatic hypertrophy.

Supplied: In bottles of 60 black-and-white scored tablets.

References: 1. McHardy, G., et al.: J. Louisiana M. Soc. 111:290 (Aug.) 1959. 2. Steigmann, F.: Study conducted at Cook County Hospital, Chicago, Illinois, in press. 3. Kemp, J. A.: Antibiotic Med. & Clin. Therapy 6:534 (Sept.) 1959. 4. Leming, B. H., Jr.: Clin. Med. 6:423 (Mar.) 1959. 5. Data in Roerig Medical Department files.



New York 17, N. Y. Division, Chas. Pfizer & Co., Inc. Science for the World's Well-Being™

anticholinergic KEEPS THE STOMACH FREE OF PAIN

tranquilizer
KEEPS
THE MIND OFF
THE STOMACH



Milpath acts quickly to suppress hypermotility, hypersecretion, pain and spasm, and to allay anxiety and tension with minimal side effects.

AVAILABLE

IN TWO

POTENCIES:

Milpath-400 — Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

Milpath-200 — Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

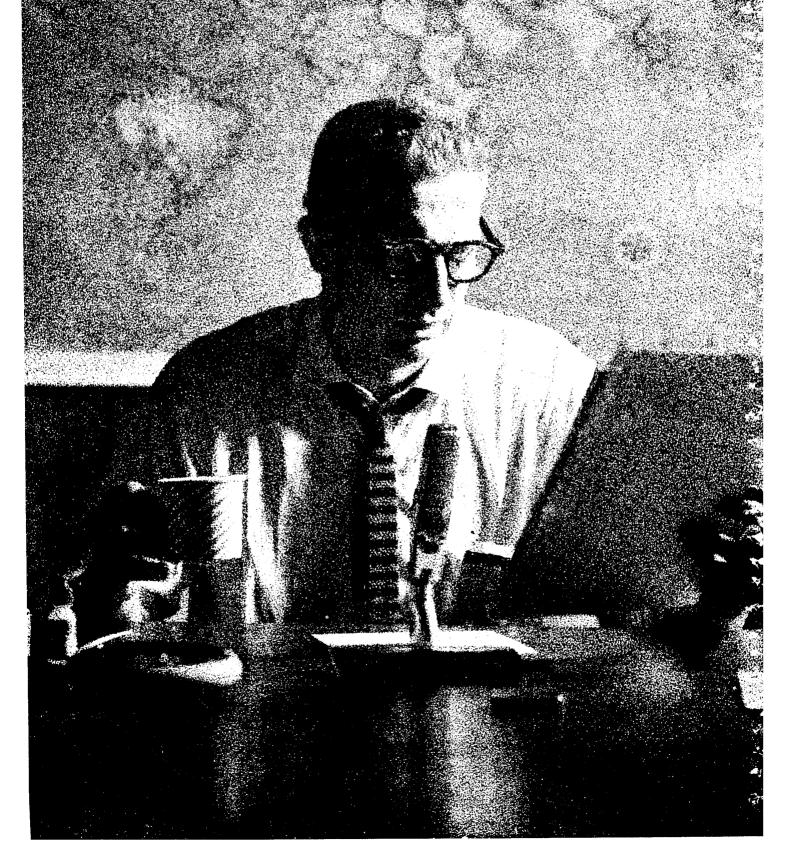
Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

Milpath

 $^{\textcircled{\$}}$ Miltown $\overline{+}$ anticholinergic



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greater flexibility in the control of tension, hypermotility and excessive secretion in gastrointestinal dysfunctions

PATHIBAMATE combines two highly effective and well-tolerated therapeutic agents:

meprobamate (400 mg. or 200 mg.) widely accepted tranquilizer and ... **PATHILON** (25 mg.)—anticholinergic noted for its peripheral, atropine-like action, with few side effects.

The clinical advantages of PATHIBAMATE have been confirmed by nearly two years' experience in the treatment of duodenal ulcer; gastric ulcer; intestinal colic; spastic and irritable colon; ileitis; esophageal spasm; anxiety neurosis with gastrointestinal symptoms and gastric hypermotility.

Two dosage strengths—PATHIBAMATE-400 and PATHIBAMATE-200 facilitate individualization of treatment in respect to both the degree of tension and associated G.I. sequelae, as well as the response of different patients to the component drugs.

Supplied: PATHIBAMATE-400 - Each tablet (yellow, 1/2-scored) contains

meprobamate, 400 mg.; PATHILON tridihexethyl chloride, 25 mg.

PATHIBAMATE-200 — Each tablet (yellow, coated) contains meprobamate, 200 mg.; PATHILON tridihexethyl chloride, 25 mg.

Administration and Dosage: PATHIBAMATE-400-1 tablet three times a day at mealtime and

2 tablets at bedtime.

PATHIBAMATE-200-1 or 2 tablets three times a day at mealtime

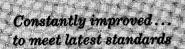
and 2 tablets at bedtime.

Adjust to patient response.

Contraindications: glaucoma; pyloric obstruction, and obstruction of the urinary bladder

neck.





The multivitamins your patients can afford to take

TABLET

Iwa tablets, suggested daily dose, contains VITAMINS: 10,000 USP Units, A; 1000 USP Units, D; 100 mg., C; 5 mg., B; 5 mg., B; 9.2 mg., B; 1 meg., Br. as IONER 12*; 30 mg., Niatis and Niatinamide; 5 mg., d-Cals clum Pantothenate; 0.3 i.U., E; Yeast and desiccated liver added as sources of natural vitamin B complex fortors.

*Stuart's absorption-enhancing complex of vitamin 8;; (8;; from cobalamin). MINERALS: 200 mg., Calcium; 0.75 mg., Gopper; 0.15 mg., ladine; 15 mg., Iron; 5 mg., Magnesium; 1 mg., Potassium; 0.3 mg., Zinc; 1 mg., Manganese.

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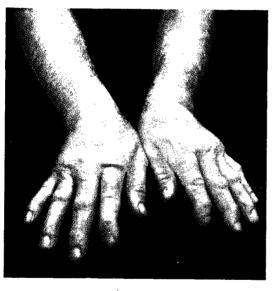
the Stuart formula liquid

Stuart

Pleasanytsking Liquid, Pints Small white Tablets: bottles of 100 and 250

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BURNS / AFTER PLASTIC, ANORECTAL AND MINOR SURGERY





FURACIN-HC Cream combines the anti-inflammatory and antipruritic effect of hydrocortisone with the dependable antibacterial action of FURACIN®, brand of nitrofurazone—the most widely prescribed single topical antibacterial. The broad bactericidal range of FURACIN includes stubborn staphylococcal strains, and there has been no development of significant bacterial resistance after more than a dozen years of widespread clinical use. FURACIN is gentle to tissues, does not retard healing; its low sensitization rate is further minimized by the presence of hydrocortisone.

FURACIN-HC Cream is available in tubes of 5 Gm. and 20 Gm. Fine vanishing cream base, water-soluble.

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make mine infant feeding.

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A request on your professional letterhead or prescription form will bring to you complete information, and a supply of samples. Please address the Loma Linda Food Company, Arlington, California, or Mount Vernon, Ohio.

Medical Products Division

LOMA LINDA FOOD COMPANY

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Provides balanced nutritional values

- 1 Fibre-free HYPOALLERGENIC formula.
- An excellent formula for regular
- An ideal food for milk allergies, eczema and problem feeding.

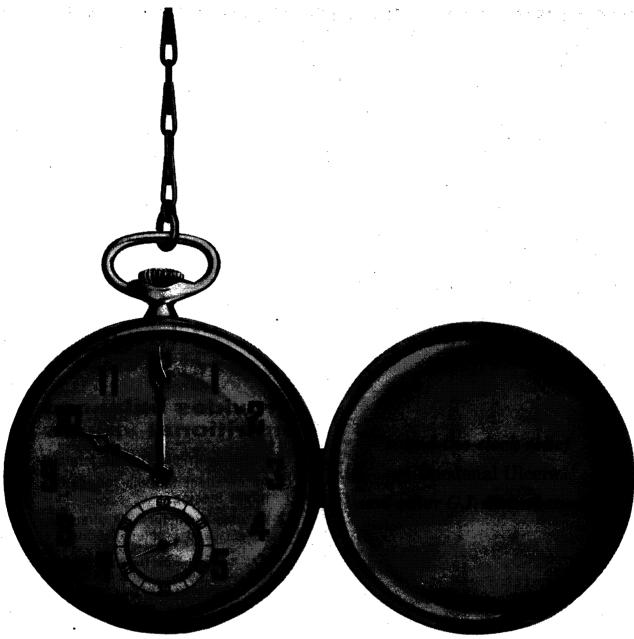
SOYALAC helps solve the feeding problem of prematures and infants requiring milk-free diet.

Strikingly similar to mother's milk in composition and ease of assimilation, babies thrive on SOYALAC.

Clinical data furnish evidence of SOYALAC'S value in promoting growth and development.

Protein of high biologic value is obtained from the soybean by an exclusive process.





with

daricon

oxyphencyclimine HCl, 10 mg.

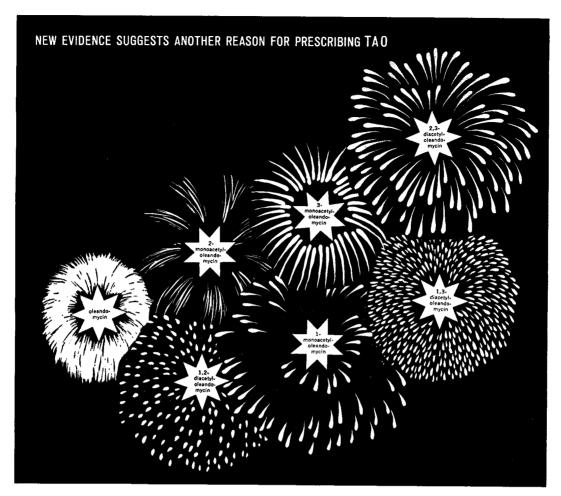
b.i.d.

"Good symptomatic responses were seen in 91 of 96 [patients] treated for periods up to one year with average doses of 10 mg. twice daily."

"[Daricon] appears to be a valuable agent... for dayto-day maintenance of all peptic ulcer patients."

Winkelstein, A.: Am. J. Gastroenterol. 32:66-70 (July) 1959.

Additional information is available on request from the Medical Department, Pfizer Laboratories, Brooklyn 6, N. Y.



The impression that TAO is an unusually active antibiotic has steadily gained recognition by impressive clinical performance. Now come reports of in vivo and in vitro biological and biochemical evaluations that show TAO to be indeed unique.^{1,2}

TAO differs from other antibiotics in that it is metabolized to multiple active compounds which **remain** active throughout their presence in the body. These 7 derivatives (in addition to TAO) show activity against common Gram-positive pathogens, including resistant strains of **Staph. aureus**.

In light of these findings, take another look at TAO performance: • 92% success in published cases of Gram-positive respiratory, skin, soft tissue and genitourinary infection • Effective against 78% of 64 "antibiotic-resistant" epidemic staphylococci. (In the same study, chloramphenicol was active against 52%; erythromycin against only 25%)³ • No side effects in 94%; infrequent reactions mild and easily reversed • Quickly absorbed • Highly palatable.

Sound reasons to: Start with TAO to end 9 out of 10 common Gram-positive infections.

Supplied: TAO Capsules — 250 mg., and 125 mg., bottles of 60.

TAO for Oral Suspension — 125 mg. per tsp. (5 cc.) when reconstituted; unusually palatable cherry flavor; 60 cc. bottle. Prescription only.

Other TAO forms available: TAO Pediatric Drops: flavorful, easy to administer. TAO®-AC: TAO analgesic, antihistaminic compound. TAOMID®: TAO with triple sulfas. Intramuscular or Intravenous: in clinical emergencies. Prescription only.

English, A. R., and McBride, T. J.: Proc. Soc. Exper. Biol. & Med. 100:880 (Apr.) 1959.
 Celmer, W. D.: Antibiotics Annual 1958-1959, New York, Medical Encyclopedia, Inc., 1959, p. 277.
 English, A. R., and Fink, F. C.: Antibiotics & Chemother. 8:420 (Aug.) 1958.



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(Continued from Page 84)

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NOW LEASING—ONE-STORY, MODERN AIR-CONDITIONED MEDICAL SUITES, in expanding Southern California community; ample parking, 5 minutes from large open staff hospital. Write: S. J. Oftedal, M.D., 823 North Park Avenue, Pomona, California.

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AVAILABLE IMMEDIATELY, or May 1960, established modern medical suite. 800 sq. ft., four (4) treatment rooms, ground floor. Location suitable for pediatrician, general practitioner, or group practice. Area can use more medical men. Well established drug store and dental suite adjoin medical suite. Contact: E. A. Avakoff, D.D.S., 213 San Felipe Avenue, South San Francisco, California. Telephone: JUniper 3-7575.

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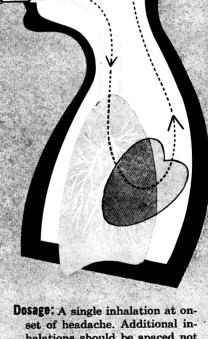
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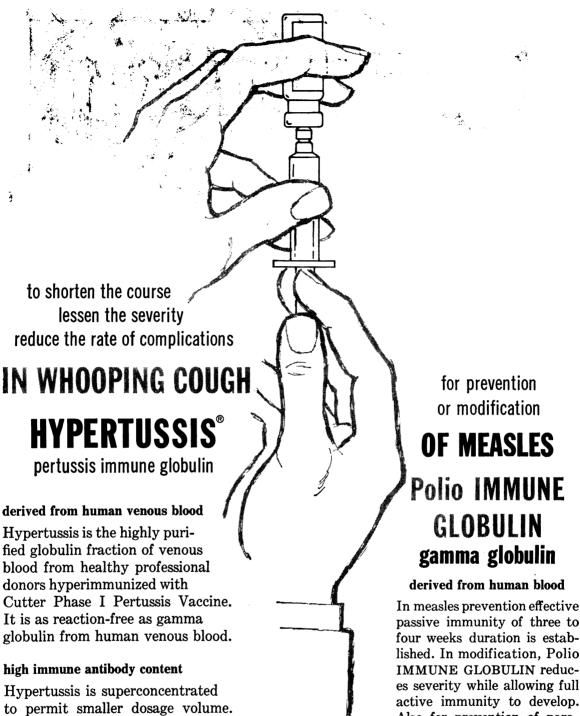
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In 2.5 cc. stainless steel vial (50 doses) with plastic oral adapter. Each depression of metering valve delivers 0.36 mg. ergotamine tartrate self-propelled from the oral adapter.





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